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MAJOR RESEARCH PROJECT

CHARLENE NINEHAM, MSc.

INVOLVING SERVICE USERS AND CARERS IN MENTAL HEALTH EDUCATION:
MENTAL HEALTH STUDENTS` PERSPECTIVES OF THE IMPACT OF DIRECT
INVOLVEMENT ON THEIR LEARNING AND PRACTICE.

Section A: Service user involvement in education: A review of mental health students`
perspectives of the impact of direct involvement on their learning and practice.

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Summary of the MRP Portfolio

Section A is a literature review on the impact of service user involvement (SUI) on students' learning and practice. It focuses on the involvement of service users (SUs) with experiences of mental health (MH) difficulties in MH students' education. The review is situated in terms of relevant historical factors, government policies and the rationale for SUI in education.

Extant literature reviews, anecdotal evidence and research are reviewed and critiqued.

Learning theories and social positioning theory are drawn upon to illuminate the findings.

Gaps within the literature and future research directions are discussed.

Section B describes a qualitative study exploring qualified clinical psychologists' (CPs) experiences of a placement-based SU and carer involvement scheme during their training.

The study focuses on the potential impact on learning and practice and whether impact on practice was sustained. Seven CPs were interviewed, predominantly 32-33 months post-scheme. Interpretative Phenomenological Analysis (IPA) was used to analyse the data. Four super-ordinate themes capture participants' experiences of the scheme. Results are discussed with reference to existing literature and relevant theory. Implications for training and practice and future research are discussed.

Section C constitutes a critical appraisal of the IPA study. Clinical implications and future research ideas discussed in Section B are discussed further.

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CHARLENE NINEHAM, MSc.

SECTION A: LITERATURE REVIEW

Service user involvement in education: A review of mental health students` perspectives of the impact of direct involvement on their learning and practice.

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Abstract

Stemming from a progressive service user (SU) movement and government policy directives spanning over two decades (Department of Health [DoH], 1999a; 2004; 2011), the application of SUs' views to the design and development of health services and within education has gained increasing momentum to provide services meeting their needs. Consequently, education and training programmes need to adapt to the changing social and political context to ensure that professionals learn the necessary skills for partnership working.

This review evaluates the extant evidence pertinent to mental health (MH) students' perspectives of the impact of service user involvement (SUI) on their learning and practice. It focuses on SUs with experience of MH difficulties involved in the direct learning of students in MH education. Firstly, the review provides an overview of historical factors pertinent to the dynamics between SUs and professionals. A synopsis of government policy and the rationale for SUI in education are then presented. The extant literature reviews and empirical research are then reviewed and critiqued in terms of their methodology, findings, limitations and contribution to the evidence-base. Due to the limited evidence-base in this area, anecdotal evidence is also reviewed. Experiential and transformational learning theories (Kolb, 1984; Mezirow, 2000) and social positioning theory (Harré & van Langehove, 1999) are drawn upon to illuminate the findings. Gaps within the literature are highlighted including the lack of research investigating the impact of SUI on practice and whether it has a sustained impact. Lastly, future directions for research are suggested.

Introduction

SUI encapsulates the concept of ensuring that SUs' views are heard to make sustainable changes to the care they receive. This is believed to contribute towards improved health outcomes and reduced inequality (British Psychological Society, 2010). Applying SUs' views to the design and development of health services has gained increasing momentum, thus professionals need to adapt to partnership working with SUs (Lindsay, Abel & Scott, 2007). Consequently, education and training programmes need to adjust to the changing social and political context to ensure professionals are prepared for collaborative working (Curle & Mitchell, 2003; Tew, Gell & Foster, 2004). However, research investigating SUI in education has tended to investigate the benefits for SUs and organisations (Minogue et al., 2009). This review aims to critically evaluate the extant evidence of MH students' perspectives of SUI¹ in terms of its perceived impact on their learning and practice. No known comparable reviews exist on this subject area.

This review begins with an overview of historical factors pertinent to the dynamics between SUs, professionals and services, followed by information regarding relevant government policies and principles underlying SUI in education. Extant literature reviews, anecdotal evidence and research evaluating the impact of SUI on MH students' learning and practice are then reviewed. Due to a lack of theory underpinning SUI (Minogue et al., 2009), adult learning theories (Kolb, 1984; Mezirow, 2000) and social positioning theory (Harré & van Langehove, 1999) are drawn upon to illuminate the findings and potential implications for educators. Lastly, the review highlights gaps within the literature and future directions for research.

¹This review focuses on the educational involvement of individuals with experiences of MH difficulties.

Historical context: An overview**Stigma, power and the MH system.**

Whilst definitions of stigma vary within the literature, stigma is centrally underpinned by notions of difference (Goffman, 1990). Link and Phelan (2001) conceptualise stigma as a social process and thus broaden individualistic understandings of stigma that locate difference within the individual. Social labelling of difference, a process establishing a “them” (SUs) from an “us” (professionals), is hypothesised to occur when human differences are differentiated by dominant social groups, resulting in stigma and discrimination (Bryne, 2000).

Individuals experiencing MH problems are a highly stigmatised group within society (Mason, Carlisle, Watkins & Whitehead, 2001). Consideration of power dynamics between SUs and professionals can facilitate an appreciation of the current milieu of SUI (Felton & Stickley, 2004). For many years, clinicians have asserted power over people with MH problems based on perceived expert knowledge (Williams & Lindley 1996). Historically, this led to exclusion from society through placement in asylums (Felton & Stickley, 2004; Thornicroft, 2006). Although stigma was evident before psychiatry developed, discriminatory and stigmatising practices within the MH system, and legal frameworks such as the Mental Health Act (HM Government, 2007), reinforce stigma (Bryne, 2000; Foucault, 1973). Whilst the critical psychiatry movement seeks to promote more psychosocial understandings of MH (Barker, 2004), potentially reducing stigma, power imbalances remain. SUs` understanding of their experiences often remain unheard (Branfield et al., 2006), resulting in limited involvement in their own care (Rush, 2004).

The SU movement: Seeking social justice.

In the past 30 years, SUs` voices have become more prominent and embedded within an emerging social movement (Lindsay, Abel & Scott, 2007) aiming to tackle structures promoting exclusion (Barnes & Bowl, 2001). At an ideological level, the SU movement represents a challenge to the medical model of distress through questioning the expertise of clinicians (Felton & Stickley 2004). Government policy and legislation demonstrate that much has been accomplished in terms of progress in redefining a social identity associated with stigma and powerlessness (Beresford, 2005; Felton & Stickley, 2004). Specifically, in 1990, the National Health Service (NHS) and Community Care Act (DoH, 1990), provided the first UK legislation making SU consultation in service planning a requirement (Breeze & Repper, 2007) and laid a foundation for policies placing patient involvement and partnership working at the core of NHS development (DOH, 1999a; 1999b; 2000; 2001; Future Vision Coalition, 2009).

SUI in education

Education arguably provides the means to developing professionals who can actualise government policy imperatives (Wood & Wilson-Barnett 1999). As Tew et al. (2004) assert, "If service delivery is to be characterised by...partnership, then such partnerships must also form the foundation of mental health education" (p.4). The National Service Framework for Mental Health (DoH, 1999b) states that SUs and carers (SUCs) should be involved in healthcare professionals` training. Additionally, partnership working is a core competency outlined in the Ten Essential Shared Capabilities (DoH, 2004) that MH practitioners are expected to achieve during training (Baguley, Basset & Lindley, 2007). Sharing of experiential and professional expertise is hoped to facilitate collaborative working and professionals` understanding of the impact of their practice for SUs (Sayce, 1993).

Additionally, SUI could help challenge a “them-and-us” divide through repositioning power dynamics evident in practice-settings, increasing the likelihood that SUs` experiences are heard (Beresford & Croft, 2004; Porter, Hayward & Frost, 2005).

Whilst SUI in education represents a top-down requirement, it is not without challenges. Evidence-based knowledge often means that SUs` opinions are “...sidelined as a second rate form of knowledge” (Coles, 2010, p.23), and research demonstrates that students` negative views about patients with MH problems can worsen over time (Calvert, Sharpe, Power, & Lawrie, 1999). Thus, educational organisations appear well placed to challenge stigma before “...negative aspects of the process of professionalisation...” impact on students (Harper, Goodbody & Steen, 2003, p.15).

Recent debates and rationale for review

SUI has often been tokenistic (Riddell, 2010) and has not gone unquestioned. The “added value” of SUI has been debated (McGowan, 2010) and evidence for the effectiveness of SUI in education has been called for given its cost (McPhail & Ager, 2008). Whilst most people argue for SUI due to its proposed benefits (Simpson & House, 2003), research evaluating its effectiveness is scant, potentially positioning SUI as “...more of a policy ideal than a practical reality” (Morgan & Jones, 2009; Tait & Lester, 2005, p.173). Research has tended to investigate the benefits for SUs involved in initiatives (Masters et al. 2002). Thus, less empirical attention has been given to students` perspectives (Tickle & Davidson, 2008). This review seeks to provide a response to recent debates through critically appraising the evidence-base pertinent to MH students` perceptions of the impact of SUI on their learning and practice.

Literature review

Existing literature reviews

A literature search (Appendix A) located four broad reviews on SUI in the training and education of health professionals (Morgan & Jones, 2009; Repper & Breeze, 2007; Spencer, Godolphin, Karpenko & Towle, 2011; Towle et al., 2010). Three reviews located only one or two studies (e.g. Barnes, Carpenter, & Dickinson, 2006; Wood & Wilson-Barnett, 1999) evaluating the impact of SUI on MH students' learning, highlighting limited research in this area. The reviews concluded that evaluation of the impact on practice is rare.

In terms of more focused reviews, Townend, Tew, Grant and Repper (2008) replicated the literature search method of Repper and Breeze (2007) to locate studies on SUI in the training of psychological therapists. No published papers were found. Minogue et al. (2009) specifically reviewed SUI in MH education, training and research. Regarding impact on learning, the only findings reported are that students gained insight through hearing SUs' experiences and a UK-based study demonstrated that SUI impacted on practice (Khoo, McVicar, & Brandon, 2004). The nature of impact is not elaborated upon. Reviews on SUI in medical education (e.g. Wykurz & Kelly, 2002), echo the limited research in this area.

The reviews demonstrate that research largely focuses on the process of SUI over its effectiveness (Repper & Breeze, 2007; Morgan & Jones, 2009). The findings are broadly presented, critiques of the research limited or absent and the broader context of SUI in education is considered compared to the present review.

The current evidence-base

Twenty-one articles were identified after applying the inclusion and exclusion criteria

(Appendix A). Several papers described SUI initiatives, thus findings pertinent to the impact on students' learning and practice were extracted by this review's author. Ten studies involved data analysis comprising predominantly qualitative methodologies; three involved mixed methods of analysis. Given the limited research base, anecdotal evidence (n=11) is reviewed. These papers involve no formal qualitative or quantitative analysis and were not designed as research studies, thus more attention is paid to empirical studies. However, anecdotal findings are briefly summarised below due to their potential to contribute to the review area and inform future research (Cohen, Stavri & Hersh, 2004).

Anecdotal evidence

Most articles (n=9) comprised SUI in face-to-face classroom activities using different learning techniques. These included SUs discussing their experiences (n=3; Bennett & Baikie, 2003; Black & Jones, 2008; Wells, Davy & Chuttoo, 2008), acting as co-presenters (n=1; Curran, 1997), engaging in enquiry-based learning (EBL) activities (n=1; Rush & Barker, 2006) and facilitating students' developing assessment skills (n=2; Frisby, 2001; Ikkos, 2005). SUCs discussed their experiences in two studies (Benbow, Taylor & Morgan 2008; Tew, Holley & Caplen, 2011). One paper involved SUs sharing their experiences during a dinner event (Chapman, 1996) and another comprised SUCI as part of placement-based learning (Atkins, Hart, O'Brien & Davidson, 2010). The articles involved MH nursing students (n=5), trainee psychiatrists (n=1), trainee clinical psychologists (n=1), social work students on a MH social work course (n=1) and social work and nursing students (n=1).

Findings.

Data collection methods involved written evaluation forms, interviews and responses in a non-assessed exam. Students reported that SUI facilitated the development of a SU perspective, better understanding of how interventions affect their clients and reflective

learning (Benbow et al., 2008; Bennett & Baikie, 2003; Black & Jones, 2008; Frisby, 2001; Rush & Barker, 2006; Tew et al., 2011). Some students reported that learning from SUs promoted learning which differed from learning from practitioners, academics or textbooks (Benbow et al, 2008; Rush & Barker, 2006; Wells et al, 2008). SUI also led to some students viewing SUCs as “experts” (Tew et al., 2011). Positioning SUs in the role of educator purportedly challenged “them-and- us” thinking (Benbow et al, 2008; Black & Jones, 2008; Chapman, 1997; Rush & Barker, 2006). However, some students referred to SUs as “these people” suggesting that “them-and-us” thinking had developed among some students (Black & Jones, 2008).

In terms of practice, SUI reportedly promoted self-awareness for critical reflective practice, intentions to implement learning to practice and setting-up SU groups on placement (Atkins et al., 2010; Benbow et al., 2008; Curran, 1997; Wells et al., 2008). Trainee psychiatrists reported changing their practice through increased awareness of SUs` perspectives, although no examples are reported (Ikkos, 2005). SUI was not always perceived beneficial to learning. SUs` expectations were sometimes perceived as unreasonable in practice and unrelated to teaching (Ikkos, 2005). In some instances, specialised teaching was valued over SUI (Tew et al., 2011).

Limitations.

The number of students providing feedback was often low or unreported (Curran, 1997, n=2; Wells et al., 2008, n=1). Whilst some papers included larger sample sizes (Ikkos, 2005, n=50; Tew et al., 2011, n=69), feedback from written evaluation forms was not analysed to increase the credibility of the findings. In one paper, the author was the workshop leader and evaluator (Ikkos, 2005), potentially biasing the findings. In another evaluation (Rush & Barker, 2006), students were only asked what was helpful about SUI and whilst they were

asked to make links between SUI in teaching and 7-weeks on placement, impact on practice was not explored. However, a strength of the study pertains to students having previously experienced EBL without SUI, enabling reflection on whether SUI added anything to their learning.

These papers demonstrate that students` perceived SUI to impact on their learning, and in some instances, practice. However, anecdotal evidence is limited in what it can add to the evidence-base. Rigorously evaluated studies provide more credibility (Hayward & Riddell, 2008) and are reviewed below.

Qualitative and mixed methods research

Yardley`s (2000) criteria for assessing validity in qualitative studies were drawn upon to support the process of critiquing the qualitative studies and qualitative research elements of the mixed methods research outlined below. Yardley outlines four broad principles which each include characteristics suggestive of good quality qualitative research. The principles include sensitivity to context (e.g. sensitivity to extant literature and participants` perspectives during data analysis), commitment and rigour (e.g. demonstrated thoroughness regarding data collection and analysis), transparency and coherence (e.g. details presented regarding the stages of the research process, inclusion of verbatim extracts and information pertinent to reflexivity) and impact and importance (e.g. the theoretical and practical impact of the research).

MH nursing students.

Six studies evaluated the impact of SUI on MH nursing students` learning. Five studies comprised students on pre-registration programmes specialising in MH and one study involved postgraduate psychiatric nursing students (Happell & Roper, 2003). SUI comprised

involvement in the classroom (n=4), in an online discussion forum (n=1) and during a co-operative inquiry (n=1).

Stickley et al. (2009) describe a SU participation model seeking to impact on students' learning and practice. SUs (n=16) contributed to four 2-hour teaching sessions covering areas including diagnosis and survival strategies. Two SUs facilitated sessions which were piloted on students (n=60) across two campuses. Students completed questionnaires assessing their perceptions of being taught by SUs and fifty students took part in focus groups pre-SUI (assessing perceptions of SUI) and post-SUI (assessing perceived impact). Themes were identified from students' feedback through cutting and pasting paper data. Simpson, Reynolds, Light and Attenborough (2008) evaluated SUI (n=12) in an online discussion forum with students (n=35) as part of an evidence-based learning framework. SUs were recruited from MH day centres and given weekly training. Students engaged in 6-weeks online interaction with SUs after being provided with an "EBL trigger". Afterwards, students gave small group presentations related to their task. Interviews were conducted with 13/34 students by an independent researcher. Quantitative and qualitative methods were reportedly employed, although not described. Tee et al. (2007) conducted a study encouraging collaborative working between SUs (n=8) and students (n=8) through a method of co-operative inquiry aimed at identifying strategies for increasing SUI in clinical decisions. The group met for 30 hours over 18-months and interacted via e-mail and telephone between meetings. The initiative sought to facilitate reflection on practice through sharing experiences of working in and using MH services. Group discussions were audio-recorded and transcribed and email conversations were also used as data; both were analysed thematically.

Two studies described the involvement of a SU in an academic role and evaluated the impact of their teaching input on students' learning (Happell and Roper. 2003; Schneebeli,

O'Brien, Lampshire & Hamer, 2010). In the former study, conducted in Australia, a "consumer academic" provided a SU perspective of psychiatry in two-hours of weekly teaching for one term. In the latter study, conducted in New Zealand, a "SU academic" provided teaching and facilitated group discussions with small student groups. Anonymous questionnaires evaluated students' experiences, which were analysed thematically. Response rates were 100% (n=26; Happell & Roper, 2003) and 38% (n=30; Schneebeli et al., 2010).

Only one study comprised a comparative research method (Wood & Wilson-Barnett, 1999). This study sought to identify differences between students groups in the same cohort exposed to different levels of SUI. Group one (n = 15) received SU- and lecturer-facilitated sessions whilst group two (n=14) were only taught by lecturers. This was reversed in the following term. A user-centred measurement tool assessing jargon-use, empathic understanding and individualised approaches was developed on a pilot group who completed a questionnaire after watching a video of a nurse-led MH assessment. Following both terms, participants watched the same video and completed the questionnaire which was used as a template for a modified grounded theory approach involving thematic content analysis. Triangulation was used to evaluate the outcomes of SUI based on questionnaire responses, classroom observations and a focus group.

Despite the differing methodologies, the studies demonstrated an impact on learning, and in some instances, practice. Students reported gaining insight into SUs' perspectives (Happell & Roper, 2003; Stickley et al., 2009; Tee et al., 2007), viewing SUs as "normal" people and developing ideas to consider in practice (Schneebeli et al., 2010; Simpson et al., 2008; Stickley et al., 2009). Some students reported learning more from SUI than textbooks (Schneebeli et al., 2010; Simpson et al., 2008). In terms of practice, students reported incorporating SUs' views to work on placement, an appreciation of power imbalances

(Happell & Roper, 2003; Schneebeli et al., 2010; Tee et al., 2007), reflection on practice and increased awareness of how their actions affect clients (Happell & Roper, 2003). However, some students reported no impact on practice (Happell & Roper, 2003).

The findings are predominantly limited to small student samples. Stickley et al. (2009) included a larger sample size (n=60), although the researchers in this study were teaching facilitators, potentially introducing bias. Similar limitations were evident in other studies (Schneebeli et al, 2010). Additionally, details of data analysis are often omitted or unclear, although Happell and Roper (2003) conducted a more rigorous thematic analysis of the data, increasing the finding's trustworthiness.

In the comparative study, SUI earlier in training lead to a more enduring impact on learning (Wood & Wilson-Barnett, 1999). Group one demonstrated a more user-centred approach to assessment enduring into term 7, despite group two also receiving SUI. Both groups' use of jargon reduced following SUI. However, group 2 experienced less overall SUI and each group's focus differed; group one being focused on client-nurse encounters. Thus it is unclear whether SUI or teaching content influenced the findings. Additionally, user-centeredness was not assessed pre-SUI to enable more rigorous exploration of the impact of SUI.

SUI in postgraduate education.

Two studies evaluated the impact of SUI in postgraduate MH programmes comprising students from various professional backgrounds. Benbow, Taylor, Mustafa and Morgan (2011) extend the findings from Benbow et al. (2008) through qualitatively analysing students' feedback of SUCI in a teaching module post-session and post-module. The teaching sought to promote critical reflection on practice. Data from students' (number not reported) anonymous written feedback and a focus group were analysed thematically. The findings,

presented as key themes, included; `Allows reflection`, `Makes us think about our own practice` and `Changes the way you think`. No verbatim extracts are provided, limiting the credibility of the findings. In a more rigorous study, findings are presented from a five-year evaluation (Barnes et al., 2006). SUs delivered teaching sessions, focusing on working with individuals with severe MH difficulties in the community, individually or jointly with other SUs or professionals. The programme was evaluated using mixed methods; observations of sessions and interviews were analysed thematically by external researchers. Additionally, students (n=49) completed a pre- and post-course questionnaire, rating their knowledge and skills in accordance with core competencies. Data were analysed quantitatively. The findings indicated that SUI supported students to gain a SU perspective and to be more mindful of decision-sharing in practice. Students also perceived that SUI led to change in power dynamics and some reported implementing SU-groups in practice. Some students reported no impact on practice and SUs were sometimes treated with less respect than lecturers. Post-course, students rated their knowledge and skills in facilitating therapeutic co-operation higher, although whether this change was statistically significant is unreported. It cannot be concluded that the outcomes were solely attributable to SUI because lecturers were also involved in sessions. Additionally, partnership working underpinned the course and the research team actively promoted equality of power when difficulties arose. A control group comprising no SUI in teaching would have strengthened the findings.

Impact on practice.

Two studies explicitly sought to evaluate the impact of SUI on students` practice. Khoo et al. (2004) conducted a retrospective study involving health and social care practitioners undertaking a Masters or diploma in MH education. SUs and ex-SUs from user-led organisations led over half of the seminars and discussion sessions (n=5). Past (n=15) and

current students (n=11) completed a questionnaire comprising open-ended questions to measure attitudes to SUI, which was analysed using content analysis. Information not focused on SUI was omitted from analysis. Following this, participants (n=10) were randomly chosen for a semi-structured interview; process of random selection not reported. Questionnaire and interview analysis demonstrated that participants perceived that SUI grounded practice in reality, raised awareness of SUs` perspectives and challenged existing approaches. Some students reported that SUs predominantly presented negative experiences, thus their contributions were not valued. Interviewees (8/10) reported that SUI led to changes in their practice, although no examples are provided. However, the course sought to change practice, potentially attracting students already keen to work in partnership with SUs. Feedback between current and past students is not differentiated, thus the enduring impact on practice cannot be appraised.

Rush (2008) investigated the impact of SUs (n=12) presenting their stories in the classroom on a purposive sample of MH nursing students` (n=26) practice. The process of transformative learning (Mezirow, 2000) was used to investigate the contexts, mechanisms and outcomes of SUI influencing changes to practice. Realistic evaluation (Pawson & Tilley, 1997) was employed to generate hypotheses about mechanisms (e.g. role change may promote transformative learning). Interviews conducted with students (n=7) were analysed qualitatively. A “critical friend” independently coded 4/26 transcripts; inter-rater reliability was 95%. All participants reported gaining knowledge, including learning that SUs are “just like you and me” and that SUI led to practice change. Learning was deemed to occur due to the classroom context and the following mechanisms: Lived experience (SUs promoted understanding of how it feels to have MH difficulties better than lecturers); Emotions (emotional content facilitated learning); Role reversal (SUI in teaching increased awareness of power issues) and Reflection (students felt more able to ask SUs questions, discuss their

practice and reflect with peers than possible on placement). Twelve students (46%) were deemed as undergoing a transformative learning process based on criteria from Mezirow (2000) including; engaging in self-examination, critical reflection on power relationships, changed assumptions about SUs and planning future action based on SUI. Findings were potentially due to the interrelatedness of the mechanisms, thus SUI alone may not have triggered learning. The researcher reported challenging students' interview responses to facilitate reflection on whether it was SUI that influenced their practice and engaged a "critical friend" in the analysis process. However, the researcher was the programme leader potentially biasing the findings, information regarding data analysis is limited and the small sample size from one student group limits broader conclusions.

Summary of reviewed findings

Common themes emerging from the anecdotal findings, and corroborated by more rigorous research, include students' perceptions that SUI facilitated the development of a SU perspective and better understanding of interventions' impact on clients. SUI was also reported to challenge "them-and-us" thinking and promote learning deemed better than learning from textbooks or academics. Positioning SUs in an educator role reportedly facilitated change in power dynamics thought to promote learning. Quantitative findings demonstrated that SUI facilitated a SU-orientated approach to assessment and improved students' knowledge and skills in facilitating therapeutic co-operation.

The findings suggest that SUI promoted reflection and in some instances increased self-awareness for critical practice. Reflection was reported to promote increased understanding about how to improve SUs' experiences, intentions to implement learning to practice and a desire to work in partnership. However, SUI was also deemed unbeneficial and SUs' contributions were not always valued. For example, some students reported that SUs focused

too much on negative experiences, potentially at the expense of helping students to learn about examples of good practice. Additionally, some students reported no impact on their practice and SUs were not always afforded the same respect as lecturers.

Limitations of reviewed articles

This review provides an insight into the extant literature regarding MH students' perspectives of the impact of SUI on their learning and/or practice. Over a decade ago, Wood and Wilson-Barnett (1999) acknowledged the scarcity of literature evaluating outcomes in this area. Due to the sensitive nature of SUI, engaging SUs in initiative planning may have taken precedence over the delivery of teaching (Ion, Cowan & Lindsay, 2010). Hence, it appears that subsequent research has not significantly progressed in terms of quantity or quality as reported in extant literature reviews.

It is not possible to make definitive conclusions regarding the findings. The initiatives engaged SUs in different roles with different levels of input into learning. SUs' roles are not always described (e.g. Barnes et al., 2006), resulting in a lack of clarity about how students learnt from SUI. Additionally, information about SUs is often lacking with the exception of a few articles (e.g. Tee et al., 2007) where the number of years of service use is reported. Furthermore, detail regarding support and training is often omitted and some SUs had, or were required to have, experience in teaching (e.g. Happell & Roper, 2003; Rush & Barker, 2006). These factors could have influenced the findings and potentially reduce comparability.

Only one study explored mechanisms potentially underpinning learning from SUs (Rush, 2008). Additionally, many articles provided anecdotal evidence and data analysis methods in research studies often lacked detail. With reference to Yardley's (2000) validity criteria in qualitative studies, this makes it difficult to assess the rigour of the studies and trustworthiness of the data. However, common themes arguably increase the reliability and

validity of the findings. Furthermore, there is a lack of quantitative research designs and use of control groups; only one study comprised a comparative design enabling the findings to be more reliably attributed to SUI. Additionally, only one study measured impact on learning pre- and post-SUI (Barnes et al., 2006) and one post-SUI (Wood & Wilson-Barnett, 1999). A common theme raised in SUI reviews is the lack of defined, measurable educational outcomes (Spencer et al., 2011), highlighting a need for consensus regarding what constitutes effectiveness and how to measure this in order for quantitative research to develop. Only one study sought to operationalise effectiveness through a user-centred questionnaire (Wood & Wilson-Barnett, 1999). The studies were predominantly conducted in the UK and involved MH nursing students, reducing transferability and generalisability of the findings. Methodological limitations included small sample sizes and programme leaders and teaching facilitators were sometimes involved in the research process (e.g. Rush, 2008; Stickley et al., 2009), potentially biasing the findings. Moreover, SUCI was rare and no studies involved follow-ups, thus it remains unclear whether SUI has an enduring impact on learning and/or practice.

Application of theories to illuminate the findings

Experiential learning theory

Extant findings highlight the potential role of reflection in promoting learning from SUI. Kolb's (1984) experiential learning cycle (Appendix B), emphasising the role of reflection in learning, is outlined below and drawn upon to conceptualise how learning from SUI could be promoted. This theory provides a relevant conceptualisation of the learning process as it defines learning as a process grounded in experience and is considered an effective way of educating health professionals (Freshwater, 2007). Schon (1983; 1987) makes a distinction between reflection-in-action (reflecting during an experience) and reflection-on-action (reflecting post-experience). These two types of reflection will be integrated into Kolb's

learning cycle to facilitate a more comprehensive understanding of how learning from SUI could be facilitated.

Kolb's (1984) model comprises four stages; a concrete experience (CE), reflective observation (RO), analysing (abstract conceptualisation; AC) and doing (active experimentation; AE). Specifically, a new experience provides a foundation for observations and reflection, such as perceiving the environment from different perspectives (Boud, Keogh & Walker, 1985). Reflections are then assimilated into new abstract concepts or existing ones are modified through linking new and existing ideas. Learning can then be tested through action enabling the creation of new experiences and further reflection.

Talking with and questioning SUs as part of an educational experience potentially represents a catalyst for reflection-in-action (Schon, 1983), a process encouraging evaluation and awareness of what is being experienced in the moment (e.g. at a cognitive and emotional level). Some extant findings suggest that SUI in the classroom led to a perceived difference in power dynamics compared to those experienced within the practice-setting. Educators could encourage reflection-in-action, deemed pivotal when encountering novel situations, as it can facilitate the development of new understandings to guide our behaviour or enable change in a situation (Schon, 1983), thus resonating with Kolb's (1984) assertions that reflection promotes the development of meaning which in turn influences action.

Kolb's cycle can be entered at any point, although all stages need to be addressed for learning to occur. Specifically, Kolb proposes that effective learning rests on the ability to balance two dialectically opposed modes within in the learning cycle; grasping experience through our senses (CE) or logic (AC) and transforming experience through reflecting (RO) or doing (AE). Educators could seek to promote learning from SUI through balancing opportunities to develop meaning from SUI, through reflection-in-action in the educational

environment, with the transfer of learning to placement (doing). Theoretically, this may promote further reflection to consolidate learning and further influence practice. However, reflection-on-action could also be incorporated into teaching following SUI initiatives as consideration of the experiential knowledge of the individuals we work with is deemed imperative to meeting their needs in practice (Schon, 1983). Thus, reflection-on-action could provide students with an opportunity to engage in a more critical exploration of the responses evoked during reflection-in-action, the potential implications regarding their practice and/or how to integrate their learning into practice to promote partnership working. Whilst reflection-in-action and reflection-on-action could facilitate thinking at a relational level, Kolb's model has been criticised for its individualistic nature predominantly linking learning to cognitive processes and detaching learning from social and relational processes (Jarvis, 2006; Michelson, 1996), issues pertinent to SUI in education.

Transformational learning (TL) theory

Mezirow's (1981) TL theory goes beyond Kolb's (1984) model by drawing our attention to the role of social and historical contexts in shaping an individual's beliefs. TL refers to the process of transforming assumptions to make them "...more true or justified to guide action" (Mezirow, 2003, p.3). Critical reflection, facilitating TL, can increase self-awareness of the biases potentially held about groups outside of our own, leading to new ways of thinking and acting (Mezirow, 2000). Disorientating dilemmas, experiences incongruent with an individual's beliefs, are deemed a catalyst for TL (Mezirow, 2000). Theoretically, and commensurate with the findings, engaging in discourse with SUs and learning about their experiences may have led to such a dilemma. For example, challenging beliefs shaped by historical contexts excluding SUs, such as "them-and-us" thinking. Additionally, some findings suggest that the classroom environment might reduce power imbalances between SUs and clinicians in training. Thus, SUI in education could promote students' critical

reflection on assumptions pertinent to power, potentially leading to the development of more inclusive beliefs that could be transferred to practice to promote partnership working.

Summary

The above theories suggest that merely giving voice to experience may not translate into meaningful learning and practice. Consideration of these theories provides a useful conceptualisation of the processes and skills educators might consider to promote meaningful learning from SUI. However, both Kolb's (1984) and Mezirow's (2000) theories have been criticised for insufficiently conceptualising the role of emotion in learning (Jarvis, 2006; Mälkki, 2010). Rogers (1983) views emotions as a pre-requisite for learning and behaviour change. Additionally, research demonstrates that memories for emotional experiences are more vivid and enduring (Phelps, 2004). The emotional content conveyed through SUs' discussing their experiences potentially impacted on students' learning and may have underpinned the differentiation between learning from SUs and textbooks/academics.

Positioning theory

As stated, engaging with SUs in an educational setting was reported to reduce power dynamics, potentially facilitating reflection and promoting learning. How might we understand these findings? Positions have been conceptualised as rights and duties to think, behave and converse in particular ways, and positioning has been construed as a discursive phenomenon influenced by political and social forces, such as power (Harré & van Langehove, 1999). Positioning someone in a certain way means that someone else is positioned relative to that person (Harré & Moghaddam, 2003). Drawing on this theory, the dominant discourse of psychiatry and storylines of SUs as "different" arguably contributes to the positioning of professionals as powerful, thereby placing SUs in a powerless position. Consequently, SUs have been denied particular rights and excluded from certain societal

duties. Whilst individuals can negotiate various positions in different contexts, positioning is governed by moral orders (Slocum-Bradley, 2009). Thus, social and political action, such as policy directives, may be required to negotiate repositioning, such as the rights for SUI in MH services and education. The findings suggest that SUI in teaching may reposition SUs into a more expert position, thereby positioning students in the less knowledgeable position. As Braye (2000) states “...it is this shift in role and power that enables students to engage with learning about mental health...” (p. 354).

Future directions

The Health Professions Council (HPC, 2011) revised their standards of education and training in 2008-9 to encourage SUI, and commissioned research investigating SUI in the design and delivery of HPC-approved education and training programmes. Research aims include investigating the perceived benefits and impact of SUI. Results are not yet published. Additionally, there is a protocol for a Cochrane review investigating SUI in MH service delivery, including the impact of “SU-trainers” on MH professionals`/trainees` attitudes and skill development (Simpson, Barkham, Gilbody & House, 2009). The intervention group will be compared with a control group comprising non-SUs in similar roles or no intervention. Results from randomised controlled trials (RCTs) and other comparative studies will be reviewed. Both studies will add to the evidence-base and address some of the extant literature`s limitations, such as a lack of quantitative research and the inclusion of comparison groups.

The need for longitudinal research has been recommended to defend the development of SUI (Rhodes, 2012). Whilst the findings suggest immediate benefits to MH students` learning, evaluation of the impact on practice is rare. Hence, there is little evidence that SUI does not represent “...an end in itself but as a solution...” to partnership working and applying

SUs` needs to practice (Harper et al., 2003). Moreover, there is no evidence that SUI has a sustained impact in this area. Thus, "...it is not known how long this will last nor whether this will have significant impact on future practice..." (Breeze & Repper, 2007, p.86). Lastly, there is limited research evaluating trainees` experience of SUI within the placement setting (Tickle & Davidson, 2008), a significant gap in the literature given that MH students spend a considerable amount of time on placement (Morgan & Jones, 2009). Thus, several areas remain open to debate.

Addressing the following research questions could develop our understanding in this area:

- 1) Does SUI have a sustained impact on MH students` learning and practice?
- 2) What are MH students` perceptions of SUI in the placement setting in terms of impact on learning and practice?
- 3) What are qualified MH professionals` perceptions of the enduring impact, if any, of SUI in the classroom during their training, on learning and practice?
- 4) What are qualified MH professionals` perceptions of the enduring impact, if any, of SUI in the placement setting during their training, on learning and practice?

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CHARLENE NINEHAM, MSc.

SECTION B

EMPIRICAL PAPER

Clinical psychologists` experiences of a placement-based service user and carer involvement scheme during training: Perceived impact on learning and practice.

WORD COUNT: 7997 (9).

A thesis submitted in partial fulfilment of the requirements of
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Doctor of Clinical Psychology

JULY 2012

SALOMONS

CANTERBURY CHRIST CHURCH UNIVERSITY

Abstract

Background: Service user involvement (SUI) in healthcare and education is an established element of government policy. Emerging research demonstrates that SUI in education can positively impact on mental health (MH) students' learning. However, limited empirical attention has been paid to the impact on practice in this area. Moreover, no research has investigated whether impact on practice is sustained.

Aims: The present study sought to explore qualified clinical psychologists' (CPs) experiences of a placement-based service user and carer involvement (SUCI) scheme during training. The study focused on understanding their perceptions of the scheme's impact on their learning and practice and whether the potential impact on practice was sustained.

Method: Interviews were conducted with seven participants. Interpretative Phenomenological Analysis (Smith, Flowers & Larkin, 2009) was used to analyse the data.

Results: Four super-ordinate themes were identified; "Contextual and relational factors underpinning learning", "Learning: Personal and professional development", "The enduring impact on practice" and "Personal reflections and meaning-making". The findings are discussed in relation to existing research. Given the lack of theory underpinning SUI, theories considered to facilitate an understanding of the findings are drawn upon, including adult learning theories and social positioning theory.

Conclusions: The findings suggest that SUCI in placement-based learning during training can support CPs' personal and professional development and a partnership approach to practice. Two participants' experiences highlight factors raising questions regarding for whom and when SUCI may be beneficial to learning. Methodological limitations, implications for SUCI in clinical psychology (CP) training and directions for future research are presented.

Introduction

SUI in education

Historically, professionals have occupied the “expert” position in terms of understanding mental distress. Consequently, service users` (SUs) views about their experiences have often been marginalised compared to evidence-based practice (Coles, 2010). However, in recent years, the SU movement has challenged this and SUI in healthcare and education has become both a priority and established element of policy and legislation (Beresford, 2000; Department of Health [DoH], 1999; 2000; 2008; 2011). Hence, training programmes need to ensure that professionals possess the necessary skills for partnership working; a core competency that MH practitioners are required to achieve during training (DoH, 2004).

SUI could promote inclusion by increasing the likelihood that SUs` experiences are heard to facilitate practice resonant with their needs (Porter, Hayward & Frost, 2005). Involvement could also challenge a “them” (SUs) and “us” (professionals) divide (Beresford & Croft, 1994). However, SUI has not gone unquestioned. Its “added value” has been debated (McGowan, 2010), and given its cost, evidence for its effectiveness in education has been called for (McPhail & Ager, 2008).

Literature reviews demonstrate that research largely focuses on the process of SUI over its effectiveness (Minogue et al., 2009; Morgan & Jones, 2009; Repper & Breeze, 2007). Given MH students` role in actualising policy directives, their perspectives on whether SUI impacts on their learning and practice could provide insight into its “added value” and effectiveness. Whilst limited empirical attention has been paid to MH students` perspectives (Tickle & Davidson, 2008), the evidence-base in this area is developing.

Summary of the literature

Extant literature pertaining to involvement of individuals with experiences of MH difficulties in the direct delivery of MH students' education mainly focuses on the impact on learning. The findings are derived from anecdotal reports and a small number of predominantly qualitative studies. Mixed methods research, including qualitative analysis and measurement of the impact on learning and/or practice, is limited (e.g. Barnes, Carpenter & Dickinson, 2006; Wood & Wilson-Barnett, 1999).

Key themes emerging from the anecdotal and research findings include participants developing a SU perspective, better understanding of interventions' impact on clients (e.g. Happell & Roper, 2003; Tew, Holley & Caplen, 2011) and learning deemed better than academic teaching (Benbow, Taylor & Morgan, 2008; Schneebeli, O'Brien, Lampshire & Hamer, 2010). Participants reported that SUI increased their self-awareness for critical reflective practice (Curran, 1997) and a desire to work in partnership (Bennett & Baikie, 2003; Rush & Barker, 2006). SUI and SUCI were reported to facilitate intentions to implement learning in practice (Atkins, Hart, O'Brien & Davidson, 2010; Black & Jones, 2008). Positioning SUs in an educator role reportedly facilitated change in power dynamics, promoting learning (Benbow, Taylor, Mustafa & Morgan, 2011), and challenged "them-and-us" thinking (Chapman, 1996). However, SUI was sometimes deemed unbeneficial; some participants reported that SUs' expectations were unreasonable in practice and perceived no impact on their practice (Happell & Roper, 2003; Ikkos, 2005).

Only two empirical studies specifically evaluated the impact of SUI on practice. Khoo, McVicar and Brandon (2004) found that SUI was perceived to ground practice in reality and 80% of students reported practice change post-SUI. Some participants reported not valuing SUs' contributions due to focusing on negative experiences of services. Rush (2008) found

that SUI led to practice change through mechanisms including reflection, emotional impact and role reversal. Twelve out of twenty-six students were deemed to experience a transformative learning process based on set criteria (Mezirow, 2000), including self-examination and changed assumptions about SUs.

Most articles comprise undergraduate MH nursing students and SUI mainly involved SUs discussing their experiences and acting as facilitators in the classroom environment. Evaluation of SUCI in this area, and as part of placement-based learning and postgraduate education, is limited (e.g. Atkins et al., 2010; Benbow et al., 2011). Additionally, SUs' input into learning varied and is not always described, reducing clarity regarding the process of learning from SUI. Methodological limitations include small sample sizes and data analysis methods often lack detail, raising concerns about the rigour of the research studies and trustworthiness of the findings.

Theoretical understanding

Extant evidence suggests that reflection and changes in power dynamics might facilitate learning from SUI. Whilst the lack of theory underpinning SUI is acknowledged (Minogue et al., 2009), Kolb's (1984) experiential learning cycle (Appendix B) could support educators to promote meaningful learning from SUI. In summary, Kolb's model proposes that an experience must be reflected on to support the development of concepts/meaning that can be tested through action. Effective learning is hypothesised to rest on ability to balance two dialectically opposed modes within the cycle; grasping experience through our senses or logic (developing concepts) and transforming experience through reflection or action (Fielding, 1994). Thus, merely giving a voice to SUs' experiences may not translate to effective learning. Educators could seek to facilitate students' learning through balancing opportunities

to develop meaning from their experience of SUI, through reflection in the academic environment, and the application of knowledge gained to placement.

The findings also suggest that relational processes are important to learning from SUI. In their critical exploration of SUI, Cowden and Singh (2007) emphasise professionals' need to critically reflect on issues of power. Positioning theory (Harré & van Langehove, 1999) provides a means to understanding power dynamics and has been conceptualised as a discursive occurrence whereby positioning someone in a certain way results in another person being positioned relative to that person (Harré & Moghaddam, 2003). Historically, clinicians have occupied a powerful position, positioning SUs in a powerless position. It could be hypothesised that SUI may reposition SUs into a more expert position, thereby positioning students into a position conducive to learning from SUs as opposed to learning about them (Rush, 2008).

Service user involvement and clinical psychology

SUI in CPs' training has been a debated issue (Goodbody, 2003). Whilst CPs have not always been supportive of SUI (Soffe, 2004), research suggests that CP trainees have reported too little SUI in training (Jellicoe-Jones, 2000), potentially stemming from clinicians' propensity to favour professional opinion (Smail, 2002). Nevertheless, programmes are developing SUI (Curle & Mitchell, 2004) due to policy directives and SUI constituting part of the British Psychological Society's (BPS, 2010) accreditation process. Given these developments and debates questioning the "added value" of SUI, it appears timely to understand more about the impact of SUI on CP trainees' learning and practice, particularly as psychologists have reported unlearning aspects of training following insights gained from SUs (Hayward, Cooke, Goodbody & Good, 2010).

Rationale for study

Extant findings indicate that MH students perceive SUI to impact on their learning. Evaluation of the impact on practice is limited, raising questions about whether SUI provides students with the knowledge and skills necessary for partnership working (Harper, Goodbody & Steen, 2003). Moreover, there is no evidence that impact on practice is sustained. Additionally, the findings are predominantly based on undergraduate MH nursing students' perspectives of SUI in the classroom. Tew, Gell and Foster (2004) propose that evaluation of how SUCI can input into placement-based learning is required. Research in this area is rare, despite CP trainees' reports that it impacted on their development throughout training (Atkins et al., 2010). The CP training community is purportedly well placed to add to the growing evidence base (Hayward & Riddell, 2008), although a recent review found no published papers evaluating SUI in psychological therapists' training (Townend, Tew, Grant & Repper, 2008).

The present study

This study aimed to address these gaps in the literature by evaluating CPs' perceptions of the impact of a placement-based SUCI scheme, during training, on their learning and practice, and whether impact on practice was sustained. The scheme was developed by two UK-based CP doctorate courses and is still running at one university. Trainees are paired with a SU or carer advisor/mentor and meet monthly during their first one-year placement (11-12 meetings) to discuss issues pertinent to CP practice and service delivery. The programmes suggest suitable topics for the meetings (Appendix C). SUCs are recruited from organisations including MIND, receive training from programme staff to facilitate the mentor/advisor role and support throughout the scheme. The scheme aims to support the integration of SUCs' views into placement learning and facilitate trainees' capabilities for partnership working.

The exploratory nature of the study aligns itself with practice-based evidence, a form of enquiry that has been encouraged (Harper, 2004). However, the findings could contribute an understanding of how CP trainees learn from SUCI in education and encourage research seeking to develop theory in this area.

Research questions

The present study aimed to add to the current evidence-base through addressing the following questions:

- a. What are CPs` perceptions of the impact of the scheme, if any, on their learning and professional development?
- b. What are CPs` perceptions of the impact of the scheme, if any, as practitioners going forward and/or on current practice?

Method

Participants

An aim of this study was to explore participants' perceptions of whether their experience of a SUCI scheme during training had a sustained impact on their practice. Therefore, CPs that completed the scheme in its first year (n=9) were invited to participate in the study. Seven CPs consented to participate in the study. At data collection, 6/7 participants had completed the scheme, which ran at two UK-based postgraduate clinical psychology courses, 32-33 months ago. One participant withdrew from the scheme after five meetings due to circumstances described in the results and discussion sections. The participants, two men and five women, were chartered CPs and had been qualified for 8-9 months. At data collection, five participants were practicing CPs in the UK with 5-9 months post-qualification experience and two were seeking employment. Four participants completed their training at one of the universities and three at the other. Participants had met with a carer (n=1) or SU advisor (n=6) and were between 29 and 35 years-old.

Ethical Considerations

The Canterbury Christ Church (Salomons) Research Ethics Committee granted ethical approval for this study (Appendix D). The BPS (2009) Code of Ethics and Conduct was adhered to throughout the study.

Design

The study adopted a non-experimental, qualitative design utilising a semi-structured interview schedule developed with the researcher's supervisors and a SU consultant. The interview schedule (Appendix E) was based on the research questions. A pilot interview was conducted with a peer who reflected that the questions adequately addressed the research topic.

Procedure

Participants were purposively recruited with the support of course administrators at both universities. When available, participants' work emails were provided and the researcher contacted these individuals directly. When only personal emails were available, the administrators forwarded an email from the researcher to maintain data protection. The initial email introduced the researcher and an attached participant information sheet outlined the study (Appendix F). After receiving completed notification of interest sheets (Appendix G), participants were re-contacted through e-mail to arrange interviews at their place of work (n=3), home (n=2) and a university campus (n=2).

Prior to interview, the purpose and procedure of the study were discussed. Participants' right to withdraw at any time was highlighted and informed consent was gained (Appendix H). The interviews aimed to enable participants to reflect on their experience of the scheme's potential impact on learning and practice. This was supported by the inclusion of broad questions facilitating participants' narrative of the phenomenon (Hefferon & Gil-Rodriguez, 2011), and through structuring the interview questions in a temporal sequence. Questions not on the schedule were asked if relevant to the research questions to support participants' detailed discussion of their experience.

Interviews lasted between 40-50 minutes. Afterwards, participants were provided with a debriefing form (Appendix I). Interviews were audio-taped and transcribed verbatim by the principal researcher. To ensure confidentiality and anonymity, pseudonyms have been used and all identifying information has been removed.

Data Analysis

Qualitative methods are considered appropriate when exploring under-researched areas (Stern, 1980). Interpretative Phenomenological Analysis (IPA) was deemed an appropriate

qualitative method, given its focus on analysing the meaning that individuals give to a specific shared experience (Smith, Flowers & Larkin, 2009). Specifically, IPA has a phenomenological and idiographic focus and is dedicated to understanding an individual's lived experience through his/her attempts to make sense of it. Therefore, IPA involves a double hermeneutic; the researcher makes sense of the participant making sense of the scheme, and the analysis represents both the researcher's and participants' interpretations (Smith et al., 2009). IPA was also consistent with the epistemological position of the research questions and the focus on participants' perceptions (Smith et al., 2009).

"Steps to analysis" (Smith et al., 2009) guided the analytic process to ensure that the researcher maintained a reflective stance when engaging with the data:

1. Each transcript (example: Appendix J) was analysed line-by-line to ensure detailed data analysis. Initial notes were made regarding each participant's experiential claims regarding descriptive, linguistic and conceptual comments;
2. Transcripts were re-read and emergent themes were developed case-by-case (e.g. Appendix K). The initial notes were developed into broader themes to move from the descriptive to the interpretative;
3. For each of the first four transcripts, connections across the emergent themes were explored using strategies including abstraction (identifying patterns), polarisation (identifying differences), subsumption (when an emergent theme becomes a super-ordinate theme) and numeration (reporting the occurrence of a theme to support its importance) to conceptualise the data into super-ordinate themes;
4. Lastly, the analysis moved "...from the particular to the shared" (Smith et al, 2009, p.79). Emergent themes from the final 3 transcripts were verified against the existing super-ordinate and subordinate themes from the first 4 transcripts. New themes were

developed and existent themes reconfigured when appropriate, with a focus on convergence and divergence between participants` experiences, to cluster and develop themes across all participants (Appendix L).

Quality assurance

Guidelines and principles for achieving trustworthiness and validity in qualitative studies (Elliott, Fischer & Rennie, 1999; Yardley, 2000) were consulted throughout the study.

The researcher`s position.

It was important to acknowledge that the researcher participated in the scheme during her first year of training. It was therefore pivotal that she sought to bracket her own thoughts about the scheme and SUCI to ensure that the analysis focused on participants` accounts rather than her preconceptions. This was supported through the researcher being interviewed about her experiences of the scheme by a peer (Appendix M), seeking to maintain a self-reflective position when analysing the data, aided through the use of a reflective diary, (excerpts: Appendix N) and regular discussions with supervisors.

Additional credibility checking.

The lead supervisor and SU consultant conducted a mini-audit of the analysis through cross-checking the coding of the transcripts and generation of the resultant themes. Verbatim extracts from transcripts are used throughout the results section to increase the credibility of the findings and promote transparency (Yardley, 2000). Respondent validation was conducted in two stages. Firstly, the interview transcripts were e-mailed to, and checked by, participants (Appendix O). Following data analysis, a summary of the results (Appendix P) was e-mailed to participants to determine whether the themes were representative of their experiences of the scheme (Appendix Q).

Results

The analysis yielded 4 super-ordinate themes and 15 subordinate themes, as illustrated in Table 1 (see Appendix R for audit trail).

Table 1. Themes derived from the analysis.

| Time period | Super-ordinate themes | Subordinate themes |
|--|---|--|
| First year of training/ engaging in the scheme | Contextual and relational factors underpinning learning (7/7) ¹ | A non-assessed, safe and reflective space (4/7) Positioning within relationships (5/7) Boundaries and learning (6/7) |
| First year of training/ engaging in the scheme | Learning: Personal and professional development (7/7) | Different types of learning (6/7) Developing a SU/carer perspective (6/7) The clinical psychologist and me (5/7) Doing critical psychology (4/7) Whose power is it anyway? (4/7) |
| Impact throughout training or on current practice | The enduring impact on practice (7/7) | Barriers to learning from SUI (2/7) Critical reflection on practice (5/7) Increased empathy and drive to improve services (4/7) Boundaries and power in practice (6/7) |
| Reflections during the scheme and as qualified CPs | Personal reflections and meaning-making (7/7) | Who are they? (4/7) Peer reflection (4/7) The interview: A meaning-making experience (6/7) |

¹ () = Numeration: Number of participants to whom a theme was applicable.

Contextual and relational factors underpinning learning

This first super-ordinate theme describes contextual and relational factors seemingly underpinning participants' learning from the scheme. The theme comprises 3 subordinate themes, outlined below.

A non-assessed, safe and reflective learning space.

Being immersed in the first year of training appeared to evoke anxiety and doubts about self-perceived competence which seemed incongruent with what some participants imagined their supervisor's expectations to be. This seemingly diverted participants' focus from learning, whereas reflecting within the non-evaluative context of the scheme appeared to ameliorate feelings regarding negative opinions that may be formed about them:

Michael: "... I could discuss the *things I didn't* feel I could with my supervisor...I felt I might show my naivety...in this space I could be safe... it helped me learn much more..."

This appeared to evoke a sense of security with self-expression and exposure of their perceived inexperience: "...it was the only space where I could reflect on my experiences without feeling I was being judged or assessed..." (Leanne).

Thus for some participants, the scheme represented a freer and safer place within which to explore their experiences without fear of evaluative consequences.

Positioning within relationships.

For most psychologists, the advisor-trainee relationship seemed characterised by a sense of equality. Some psychologists juxtaposed their relationship with their advisor to the supervisor-trainee relationship wherein trainees typically occupy the disempowered position:

Emma: "... As a trainee, you just agree with *your supervisor*...with *my advisor* it was on a *more even level*..."

Feeling deskilled as a first year trainee conflicted with notions of being “the expert”. For some, the relationship with their “training-self” seemingly influenced how they positioned themselves to promote learning. Some participants appeared to align themselves with their advisors, or took a one down position, potentially suggesting a sense of empathy with feelings of disempowerment experienced by SUCs.

Fiona: “...by sharing my lack of experience...it gave her a way to impart her knowledge which I could then learn from”. For Clare, appreciation of each other`s greater experience lead to a repositioning regarding the expert role; “...we both took the one down position in relation to the greater *expertise of the other.*”

Alternatively, Leanne`s advisor “... took the guiding role...”, challenging her assumptions about the position a SU might take. Her advisor asked “...did you not expect that from me as I was a service user... and I thought well in reality...no, probably not”. This seemed to lead to learning to value expertise by experience.

Boundaries and learning.

Boundaries within the trainee-advisor relationship appeared to play a role in learning and operated at three levels. For some, boundaries potentially contrasting with those in the placement setting seemed positive and facilitated learning. For example, an “...unboundaried” relationship seemed to enable honesty about uncertainty, “...if it wasn`t for that, I wouldn`t have been able to... say I am freaked out about a case and I don`t know what to do...” (Leanne).

For others, “some boundaries” were needed to facilitate learning when advisors discussed distressing past experiences. Fiona`s advisor had a history of “...suicide attempts...”. Her repetition of the word “safe” seemingly underpinned the need for boundaries, “...I was aware

of boundaries...*to keep things safe, I wanted to keep her safe*”, to establish a relationship that felt safe to learn within, “... as we had that trusting relationship...I think that is how I could learn from her.”

Conversely, attempts to maintain “*firmer*” boundaries to promote containment regarding an advisor’s current distress appeared challenging: “...he said he felt suicidal...I tried to keep *firmer boundaries in place but it felt muddled...*” (Sarah). The word “*muddled*” suggests it was confusing for her, and potentially her advisor, to separate her role as a learner from that of a trainee psychologist: “...he *wasn’t being mentored outside of the scheme, possibly he was viewing me as a therapist, he maybe wanted my direction*”. There was possibly an intrusion of boundaries that were unhelpful within this context, for example, those more typical of therapeutic relationships. This potentially contributed to Sarah’s learning being hindered, as outlined in a forthcoming theme; “Barriers to learning from SUI”.

Learning: Personal and professional development

This super-ordinate theme, comprising six subordinate themes, describes participants’ understanding of the learning gained from the scheme. Five subordinate themes describe areas relevant to personal and professional development (PPD), whilst one subordinate theme outlines two participants’ perceptions of experiences hindering learning.

Different types of learning.

Most participants reported that learning from their advisor contrasted with other types of learning. For some, relationships with advisors, reportedly enabling freer discussion, seemingly promoted learning at a more personal level, compared to the trainee-supervisor relationship: “...*it provided a different type of learning that would have been uncomfortable to take from supervision...being able to talk more freely about personal experiences...*” (Clare).

For others, the insight gained, potentially linked to different boundaries, was compared to learning from clients: "...you can ask questions you are interested in, that you can't ask clients as it is not relevant to the *therapy*..." (Adam).

For some, being exposed to the emotional aspects of advisors' experiences seemed to bring the factual and detached nature of academic teaching to life: "... learning from the advisor, you go into feelings...From professionals it's just information, *it doesn't belong to them*..." (Adam). For others, stepping outside of their professional role helped to shed light on their own feelings, promoting learning at an emotional level: "...when you are able to be genuine about your feelings...it can be illuminating...to realise that some things about our experiences of services made us angry, whereas I may have only spoken about this as frustration *with a colleague*" (Clare).

For some participants, there appeared to be some hesitancy to fully acknowledge or express emotions on placement, potentially due to being a first year trainee new to a service where colleagues were part of the system evoking difficult feelings.

Developing a SU/carer perspective.

Another dominant theme was participants' reports of gaining insight into SUs' and a carer's experience of mental distress supporting them to see the MH system through their eyes: "...*to really learn what peoples' experiences can be like*..." (Fiona); an experience some participants were unfamiliar with, "... *I had* a sense of not really knowing what being a service user felt like..." (Michael).

Developing a SU perspective appeared to promote professional development in terms of developing a reflective stance on practice and thinking about SUs' needs and experiences:

Leanne: "...the most helpful thing she did was ask me questions that helped me to think about how my clients might feel..."

Hearing about unhelpful experiences, including how "...*psychologists had been unhelpful*" (Clare) appeared to facilitate empathy: "*Hearing her perspective about what this felt like, I think often for clients mental health service experience isn't very positive...*" (Emma). This seemingly fuelled some participants' impetus to improve their practice. For Clare, the scheme represented "...*a great opportunity to learn about what it is like for a carer...*" and "...all the way through the scheme it added more to my determination to make a *difference...*"

Conversely, Adam's own SU perspective and hearing his advisor's experiences turned his focus outwards towards his colleagues and a sense that the scheme could have helped them to step into their clients' shoes: "...*they could have benefited...* fellow trainees moaning about people not turning up to appointments...I would think, well I wonder whether you understand what it is like to be depressed..."

The clinical psychologist and me.

For many psychologists, gaining a SUC perspective appeared to facilitate "...ideas about the type of *psychologist...*" (Clare) they wanted to be and how they could bring their personal selves to their practice.

For Emma, the particular model of working assigned to her through training appeared at odds with her values: "...*when I got on to training I felt I was slotted into a psychiatrist-led system...*My advisor helped me to not get stuck in that and to keep thinking about SUs and their needs. I might have lost this without the scheme, it anchored me to think how I wanted

to". The word anchored evokes a sense of the scheme being grounding, enabling Emma to hold on to her values and avoid being swept along by a current of service-led systems.

For Leanne, the scheme was "a place to think about how I could be a clinical psychologist and me at the same time...". Similarly to Emma, it seemed that training could feel depersonalising "...in the first year I was struggling, do I lose all of myself and become a psychologist, or am I *still me and a clinical psychologist in a room...*"

For Michael, hearing his advisor's experiences facilitated reflection on whether he was getting lost in seeing experiences through the potentially pathologising lens of a professional: "...how I am hearing this, as a person or a clinician?"

This theme suggests tensions between personal values and elements of training. The scheme seemingly facilitated reflection on how to synthesise their personal and professional selves to develop a sense of self as a psychologist, which seemed important during initial socialisation into the profession.

Doing critical psychology.

The scheme seemingly supported many participants to think critically about their learning and practice, including widening their views from the medical model of distress: "...being open in terms of learning, that there is a different narrative....." (Emma), and reflecting on the double bind of services:

Clare: "*Their experiences as a carer made our reflections at a meta-level, to sit back from services and to reflect on how they both help and contribute to peoples' difficulties sometimes...*". Being new to an established team and wanting to be accepted potentially made this challenging, "... in the context of joining with a team as a trainee...it is hard to hold a *critical perspective...*" (Clare).

For Michael, reflecting on whether being a professional translated to holding an expert position seemingly promoted acceptance of not knowing “the answers”, “... not feeling like I needed to be the expert...valuing my uncertainty...”

Conversely for Sarah, attempting to take a critical perspective on services seemed a step too far due to her advisor reliving past distress: “...*it is important to critique services, but it started to feel that this was harmful ...it was making him speak about distressing past experiences*”. Thus the scheme led to critical reflection on SUI itself, “...*my main learning was...to think about who should be involved...when does it feel harmful.*”

Whose power is it anyway?

For several participants, the scheme opened up a space for relational thinking and conversations about client-therapist power dynamics.

Michael: “...it is something I tested out in my first year... to be attentive to things that affect power... I could talk about this with my advisor...”. For Emma, reflecting on her advisor`s experiences of feeling powerless led to a sense of wanting to balance power in practice, “...It made me think about how I hold more power in relationships with clients, and what I could do to even *this up.*”

For others, it seemed difficult to imagine that psychologists could engage in disempowering behaviour, “...*It was helpful to have someone say...I get you think this is the way you work but I notice something you might have done that may have put your clients in a powerless position*” (Leanne).

Sarah questioned “...*can we ever create an equal relationship?*”, as her advisor`s current distress seemingly pushed her into a more powerful position whereby she felt ethically responsible for managing risk.

Barriers to learning from SUI.

For a minority of participants, particular experiences they brought to or encountered during the scheme were perceived to hinder learning. Adam`s history of mental distress, similar to his advisor`s, reduced his ability to learn from the scheme: “...unlike someone who had no experience of mental ill health it probably would have been quite illuminating to hear what it was like being the other side of the fence, but I have been on the other side of the *fence...*”. His use of the metaphor, “the other side of the fence”, reflects a sense that he has gained insight into how it feels to experience life as a SU and that vicariously venturing to the “other side” would have been enlightening for his colleagues.

For Sarah, exploring her advisor`s experiences appeared to amplify their current distress, presenting a barrier to learning as her advisor found it “...*difficult to think about the learning of a trainee...I tried to move it on to think about how his experiences could inform my practice but this was hard for him*”. After discussion with staff overseeing the scheme, Sarah decided to end her participation after five meetings as “it felt unethical” to continue.

The enduring impact on practice

This super-ordinate theme, comprising three subordinate themes, reflects participants` perceptions of the scheme`s enduring impact on their practice. Emma, Michael, Clare, Fiona and Leanne discussed the sustained impact concerning their current practice. Sarah spoke about the impact throughout training. Adam perceived no impact on his practice, yet his participation promoted reflection on colleagues` practice.

Critical reflection on practice.

The scheme appeared to have a sustained impact for several participants through maintaining their awareness of the impact of their work for clients. For Sarah, despite ending the scheme early, feeling “*concerned*” about a client, as experienced regarding her advisor,

seemingly reinforced ethical considerations and a need to “... *stop and reflect more on my practice later in training...*”

For most psychologists in current practice, exploring their advisor`s experiences seemingly facilitated thinking about their current practice with a degree of questioning. Seeking to step into the shoes of their clients seemed to support this process: “...*striving to maintain a critical perspective on my practice... to actively engage in seeking feedback about clients` experiences...but to also turn this critical perspective on myself and to maintain this on an ongoing basis*” (Clare).

Similarly for Michael, questioning his own assumptions and role within services appeared to help him maintain a critical stance on his practice: “...*to not be complacent.... to question what and why I am doing certain things.*”

Increased empathy and drive to improve services.

For most participants currently in practice, the scheme could evoke difficult feelings seemingly promoting empathy with clients` experiences. Managing uncertainty appeared to promote empathy with the feelings clients can bring to therapy: “...*clients often come to therapy with a lot of uncertainty...to have reflected on this with my advisor, I transfer this to my client work now*” (Michael).

Moreover, for some, this appeared to fuel a desire to improve the wider system of MH services in general, for example, through conducting research: “...*It probably isn` t an accident that I went from the scheme to researching peoples` experiences of services, as a result of understanding my emotional responses...*” (Clare).

For Adam, empathy seemingly promoted ensuring good practice among colleagues. He described the scheme “... *as a valuable experience*” regarding trying “*to... sit in the shoes of*

someone else". However, his participation in the scheme did not make him "...act differently *in practice*" due to his own SU perspective. Despite this, Adam perceived that the scheme "...made me more aware of how fellow psychologists respond to their clients", facilitating reflection upon notions of responsibility: "...*I guess in my subsequent practice I thought about, as a psychologist, my duty to counsel colleagues... to say look I am not criticising but I wonder whether you have thought about this.*"

Boundaries and power in practice.

Most participants operationalised their exploration of power dynamics, for example, seeking to work collaboratively with clients and being flexible with boundaries in practice.

For Fiona, hearing about how her advisor "*felt unheard*" supported her to appreciate experiential knowledge and avoid occupying an expert position: "not to think I know best."

For Emma, the contrasting relationships with her advisor and clients appeared to highlight how her professional-self dominated in practice. Not revealing herself so fully seemingly felt like a powerful position to hold, "...I thought how much do I bring to therapy, you know power balances, I now build in an understanding of that...trying to make the relationship more balanced *in practice.*"

For others, the scheme facilitated "taking therapy outside of the therapy room" (Michael). Leanne would "...go out with *clients a lot on community visits...*" and appeared to question whether flexibility with boundaries was professionally acceptable, although the consequent changes in power dynamics seemed to justify her practice, "You know, should you be doing this? Is this part of your role as a psychologist? Yes, it is...they are probably telling me things *that they wouldn't if I was sitting opposite them in a room, all powerful...*"

Sarah`s experience seemingly reinforced the importance of being transparent with the therapeutic frame: “...*defining boundaries and roles...for containment and safety.*”

Personal reflections and meaning-making

The final theme, comprising three subordinate themes, depicts participants` personal reflections, outside of the trainee-advisor relationship, seemingly facilitating sense-making of their experience and for some, their uneasiness with the scheme`s perceived underpinning.

Who are “they”?

For some participants, the scheme appeared to challenge a “them-and-us” divide and dominant ways of understanding MH difficulties. For example, thinking past diagnostic labels and learning “...this is just a person having a difficult *experience*...” (Emma).

Similarly, Sarah reflected that SUI should be based on exploring individuals` strengths as opposed to focusing on their lived experience: “...someone is much more than their symptoms.”

Conversely, and despite learning, the scheme evoked discomfort for some participants as it seemingly reinforced notions of “them-and-us”, a concept many participants arguably sought to avoid by establishing even relationships. For Clare, the post-scheme focus group afforded her “... a chance to...identify what I had been uncomfortable with at the heart of the scheme, this distinction between us and them.”

For Adam, externally recruiting advisors reinforced a sense of “othering” and avoidance of acknowledging trainees` potential experiences of mental distress, “...that`s the sense I got from the scheme that you have to go out there to find the service user experience.”

Peer reflection.

Reflecting on their experiences with peers appeared to promote learning: “it was helpful to

hear each others` experiences...*to think about what I had taken from the scheme*" (Fiona).

For Emma, writing an article supported sense-making of her experiential learning: "I wrote an article with some peers...It was a chance to bring together the scheme and reflect on the learning."

Peer reflection appeared to support consideration of the process, as well as content, of the experience. For example, reflecting on relational processes and what occurred in the space between trainees and advisors: "...we could reflect on things like how we experienced the *scheme...*" (Michael).

The interview: A meaning-making experience.

The retrospective nature of the interview appeared to facilitate meaning-making. For some psychologists, reflection 32-33 months post-scheme appeared to help consolidate learning, suggesting that it may not be fully recognised and understood when immersed in the experience.

"It was really interesting thinking back... It was helpful and I don't think I had appreciated that as much before" (Emma).

For Fiona, situating the scheme within the context of the start of training appeared to promote sense-making, "...I was just a blank slate coming into training...so these questions have helped me think about what we did and to put it into *perspective*."

For Adam, the interview promoted reflection on the potential benefit of matching advisors and trainees, "... *I guess I am thinking now that if I had met with someone whose experience was ...outside of my own, I may have learnt more.*

Discussion

This study represents the first qualitative research exploring CPs` experiences of a placement-based SUCI scheme during training, regarding the impact on their learning and practice. The findings are discussed below in relation to the research questions. The role of potentially blurred boundaries, an advisor`s distress and a participant`s experience of MH difficulties, reportedly hindering learning, are discussed in the implications section.

Contextual and relational factors underpinning learning

In making sense of their experiences of the scheme, participants described factors providing additional insight into mechanisms deemed to support learning from SUI (Rush, 2008). It could be hypothesised that for some participants the scheme represented a “secure base” (Bowlby, 1988) from which to explore personal and professional issues. Specifically, the scheme appeared well situated within the first year of training; a time seemingly evoking doubts about self-perceived competence. Drawing upon Mason`s (1993) concept of safe uncertainty, some participants seemed to fear exposing their insecurities to supervisors due to their evaluative position, thus reflecting a sense of unsafe uncertainty. Conversely, the scheme`s non-evaluative nature appeared less threatening, supporting participants to occupy a position of safe uncertainty, thus facilitating learning and a willingness to explore both their own and advisor`s perspectives without fear of judgement.

“Positioning within relationships” appeared to influence participants` capacity to think and behave in particular ways (Harré & van Langehove, 1999). Most participants appeared to align themselves with their advisors. For one participant, being in a relationship wherein a SU took a “guiding role” seemingly challenged her pre-existing assumptions. The findings resonate with research suggesting that positioning SUs in an educator role facilitates change in power dynamics, promoting learning (Barnes et al., 2006; Rush, 2008) and reduces a

“them-and-us” divide (Tee et al., 2007). Participants` experiences of being placed in a “...one down position” (Townend et al., 2008, p.67) on placement potentially triggered empathy with the position SUCs predominantly occupy. Thus, their relationship with their “training-self” and associated feelings of disempowerment could explain some participants` establishment of more equal relationships.

Impact on learning and professional development

The first research question focused on understanding participants` perceptions of the scheme`s impact on learning and professional development.

Kolb (1984) posits that effective learning rests on ability to balance transforming experience through action and reflection with the development of concepts/conclusions in order to learn from experience. Reflecting with advisors seemingly promoted the development of meaning, potentially helping the scheme to become “an experience of importance” (Smith et al., 2009, p.33). For example, reflecting on advisors` experiences facilitated the development of a SUC perspective, resonating with previous findings (Happell & Roper, 2003; Stickley et al., 2009), subsequently motivating some participants to improve their own, and the wider system`s, practice through applying the meaning gained.

Learning from SUC reportedly differed from learning from professionals, commensurate with existing findings (Benbow et al, 2008; Schneebeli et al., 2010). For some, this reflected learning at an emotional level, including increased insight into advisors` and their own emotions. Thus, reflection was also turned inwards through exploring personal experiences. Kolb`s (1984) model has been criticised for insufficiently conceptualising the role of emotions (Jarvis, 2006), which Rogers (1983) considers a pre-requisite for learning and behaviour change. Additionally, research demonstrates that memories of emotional

experiences are more vivid and enduring (Baddeley, 1997; Phelps, 2004). Hence, emotions potentially played a role in the sustained impact on practice discussed below.

The theme, “The clinical psychologist and me” supports assertions that learning reflects “...an experience of identity” (Wenger, 1998, p.215). The scheme appeared to facilitate learning in terms of exploring values, personal and professional identity and how these facets of selfhood could be synthesised to develop a sense of self as a psychologist. Given reports that training could feel depersonalising and self-reflection is essential for PPD and clinical practice (Gilmer & Markus, 2003; Lavender, 2003), this arguably represented an integral part of learning, or an aspect of the “added value” of SUCI, through adding another “layer of learning...beyond lectures and reading” (Kemp, 2010, p.179).

The themes “Doing critical psychology” and “Whose power is it anyway?” capture some participants` reports that the scheme facilitated thinking at a meta-cognitive level. Mezirow (1981) posits that critical reflection facilitates assessment of assumptions, influenced by historical and social contexts, underlying our beliefs. This is deemed to support the development of perspectives that are “...more true or justified to guide action”, reflecting the transformational potential of learning (Mezirow, 2003, p.3). Drawing upon Mezirow`s transformational learning theory, engaging in discourse with SUCs facilitated critical reflection about power, predominant theories and the role of services in contributing to MH difficulties. Critical self-reflection potentially supported participants to appraise previously held assumptions and widen their perspectives to be more inclusive of SUCs` experiences.

The enduring impact on practice

The final research question explored CPs` perceptions of the scheme`s impact as practitioners going forward and/or on current practice. Most participants reported that their learning endured in some way, resonating with previous findings demonstrating an impact on

practice soon after SUI (Khoo et al., 2004; Rush, 2008). For some, this translated to maintaining a critical perspective on their practice, the impact of their practice for clients and thinking at a relational level which appeared to facilitate seeking to balance power with flexible boundaries. Additionally, experiential learning appeared to evoke difficult feelings for some participants, promoting empathy with clients` experiences and self-reflection on one`s own experiences. A process deemed pivotal to the development of therapeutic understanding and skills (Bennett-Levy, 2005; Goodbody, 2003).

One participant perceived no impact on their practice due to personal experience of MH difficulties. However, the scheme reinforced the participant`s belief that fellow trainees struggled to understand SUs` experiences, facilitating reflection on issues of responsibility regarding promoting good practice among colleagues. Additionally, one participants` shorter experience, due to an advisor`s distress, facilitated learning focused around risk and ethics, reportedly applied to placements during training.

Implications for training and practice

The findings suggest several implications for training and clinical practice. Theoretically, situating SUCI at the start of training may support trainees to explore the uncertainties of practice and promote reflection at a personal, professional, SUC and service level. Whilst supervision can support this process, learning outside of an evaluative context seemingly facilitated a sense of safe uncertainty with self-expression. As PPD is a core competency expected at a national, employer and professional level (BPS, 2010; DoH, 2004), CP training programmes might consider placement-based SUCI as an adjunct to academic and placement learning, given its perceived sustained impact on practice, resonating with a partnership approach to practice in accordance with policy directives and the rationale for SUI.

The findings suggest that CP training programmes should consider for whom SUCI is beneficial. A learner's experiences were evidently fundamental to the learning process (Boud & Miller, 1996). Personal experience of MH difficulties may hinder trainees' learning from SUI if they have experienced services from a SU perspective and are potentially already practicing at a level supported by this. Thus, equal consideration of advisors' and trainees' experiences is demonstrably important when planning initiatives. As one participant reported, being paired with an advisor with different experiences may have meant he "*learnt more*". Additionally, programmes might benefit from giving trainees a "voice" (Holtum, Lea, Morris, Riley & Byrne, 2011) so that their own lived experience can be utilised, potentially reducing a sense of "them-and-us" and "othering" that the scheme evoked for some participants.

The findings also suggest that the stage of a SUCs' distress/recovery shapes subsequent learning, potentially interlinked with the boundaries established. For example, in the advisor-trainee pairing wherein a SU was currently distressed, the trainee sought to maintain "firmer" boundaries for containment. This seemingly resulted in role confusion and boundaries more typical of therapeutic relationships potentially emerged. Conversely, an "unboundaried" relationship or the establishment of "some boundaries" reportedly enabled learning. "Unboundaried" potentially referred to the absence of boundaries more typical of therapeutic relationships, that seemingly hindered person-to-person relating and learning in this situation. Therefore, boundaries and their "firmness/flexibility" should be a continued source of reflection for all stakeholders. Additionally, if programmes involve SUs currently using services, support from within and outside of schemes, the emotional costs for those involved (Mitchell & Purtell, 2009) and ways to manage difficult situations should be considered to promote and maintain inclusion. In this instance, the trainee decided to leave the scheme as continuing felt unethical. Her experience led her to question whether relationships can ever

be equal. Whilst equalising roles is advocated (Clarke, 2006), the findings arguably remind us that some SUs may want CPs to occupy an expert position, suggested through a sense that the advisor wanted a therapist and the trainee's direction. CPs will evidently need to take the complimentary position in the relationship to remain client-centred which may at times mean occupying a more expert position that feels uncomfortable. Thus, good practice may sometimes simply equate to awareness of power differences and "...open negotiation over what can and what cannot be changed" (Ferguson, 2008, p.73; Johnstone & Dallos, 2006) to promote collaboration.

Lastly "Peer reflection" and the interview process support the centrality of reflection in learning (Schon, 1998). Programmes might benefit from using the reflective-practitioner model as a framework for meetings during initiatives, to make the learning more immediately accessible, and post-initiatives to promote meaning-making and effective learning (Kolb, 1984).

Methodological Critique

This study employed an interpretative phenomenological qualitative approach to facilitate an understanding of a specific experience (Husserl, 1927). Therefore, generalisability of the findings was not sought (Hefferon & Gil-Rodriguez, 2011), although transferability to other CP/MH trainees and contexts is potentially limited due to the homogeneous sampling (Smith et al., 2009). Specifically, whilst participants were from two training courses, they reflected on their experiences of a specific scheme and were predominantly White British and female. Additionally, the two universities have been described as "...more advanced" regarding SUI in training (Youngson, Hames & Holley, 2009, p.63). Therefore, CP trainees who had chosen to train in these universities were potentially more open to learning from SUCI, thus impacting on the findings. However, IPA's rigorous approach allowed for analysis of

divergence between participants' experiences, although the double hermeneutic means that the findings should be viewed tentatively (Smith et al., 2009).

Future research

The study's retrospective nature potentially impacted on participants' recollection of their experiences or the ability to fully separate the scheme's impact from other aspects of training. Future research may benefit from a sequential interviewing technique, pre- and post-scheme and follow-ups, to track learning and increase the reliability and validity of the findings. Furthermore, psychologists may already possess strong reflective capabilities (Sheikh, Milne & MacGregor, 2007), potentially promoting learning from SUCI. Research evaluating other MH students' perspectives of placement-based SUCI may corroborate the current findings or yield insight into additional factors regarding learning from SUCI. This study was also limited to trainees' perspectives and only one participant met with a carer advisor. Future research could evaluate SUCs' perspectives and investigate initiatives comprising more carers, potentially enabling exploration of differences between learning from SUs or carers.

Due to the lack of theory underpinning SUI (Minogue et al., 2009), subsequent research could support the development of theoretical models to help explain learning from SUCI. For example, identifying when and how SUCI is useful to practice and exploring key learning mechanisms, for example, the role of boundaries and positioning outlined in this study. Additionally, there is arguably a need for quantitative measurement of change. Measures will need to capture the skills and qualities valued by SUCs, such as perceived involvement and whether they feel their perspectives are heard. Trainees and SUCs could complete such a measure pre- and post-SUI. A potential measure could be the Patient Satisfaction Scale [PatSat]; Hansen et al., 2010), a 19-item likert scale measure, which was the only

standardised and reliable measure found in a recent review seeking to locate measures assessing SU feedback pertinent to MH workers` practice (Chisholm & Sheldon, 2011).

Conclusions

This study offered insight into CPs` perceptions of the impact of a placement-based SUCI scheme, during training, on their learning and practice. The findings suggest that reflecting with SUCs in a non-evaluative context during their first year of training facilitated self-expression and learning at a personal and professional level. Most participants reported an enduring impact on practice including maintaining a critical perspective on their practice. Participants` own experiences of MH difficulties and SUs` current MH state raises implications regarding for whom and when SUCI in training might be beneficial. Whilst acknowledging the study`s methodological limitations, it is a first step towards understanding processes underpinning CPs` learning and impact on practice as a result of SUCI. Future research is required to extend the findings, for example, through using other trainee populations and quantitative measures of change.

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CHARLENE NINEHAM, MSc.

SECTION C: CRITICAL APPRAISAL

WORD COUNT: 1976.

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JULY 2012

SALOMONS

CANTERBURY CHRIST CHURCH UNIVERSITY

1. What research skills have you learned and what research abilities have you developed from undertaking this project and what do you think you need to learn further?

When thinking about this question, I realised that my research journey could be understood in terms of Kolb's (1984) experiential learning cycle. Specifically, being immersed into the experience of planning and conducting research, yet needing to stop and reflect on the process in order to inform the further development of my research. Developing my awareness of this model supported the learning described below.

Developing my understanding of different qualitative approaches supported me to select a methodology consistent with the epistemological underpinning of my research questions. Thus, Interpretative Phenomenological Analysis (IPA) was deemed an appropriate approach due to its focus on seeking an understanding of an individual's experience (Smith, Jarman & Osborn, 1999), as opposed to grounded theory (GT; Glaser & Strauss, 1967) which aims to develop a theoretical-level account of a given phenomenon. However, conducting this research has supported me to develop skills relevant to various qualitative methods, including developing research questions, a semi-structured interview schedule and data collection.

With regards to IPA, this research has supported me to develop my skills in conducting detailed case-by-case analysis to meet IPA's idiographic underpinning. Additionally, I have further developed my ability to adopt a reflexive position to consider factors potentially impacting on the research and increased my awareness of the importance of engaging in an ongoing process of bracketing (Husserl, 1999) or "disciplined subjectivity" (Baxter & Eyles, 1997) when conducting research. This was particularly important given that I had participated in the scheme during my first year of training and that IPA's double hermeneutic (Smith et al., 2009) meant that I was making sense of participants making sense of their experiences.

Engaging in discussions with my supervisors, keeping a reflective journal and being interviewed by a peer helped to uncover and bring my assumptions into awareness (Rolls & Relf, 2006). I transferred this learning to the interviews through a process of reflection-in-action (reflecting in the moment; Schon, 1998) and maintaining a curious stance to support me to seek participants' perceptions of the scheme and to avoid applying my own understanding of the scheme to their experiences. This was particularly important when one participant's experience reflected elements of my own in terms of them perceiving that their own service user (SU) perspective hindered their learning. This also meant that I needed to step away from the questions on the interview schedule in order to capture their experience.

Yardley's (2000) validity criteria in qualitative studies supported me to ensure transparency with the process of data analysis through illustrating the steps taken, for example, conducting an audit trail that could be shared with my supervisors to enable them to check the plausibility of the interpretation. A main challenge of the study was the lack of theory underpinning service user involvement (SUI). Sensitivity to context (Yardley, 2000) helped me to familiarise myself with the historical and social factors pertinent to SUI and to use this learning when considering theory that might help illuminate the findings. Additionally, it is hoped that drawing on empirical material (e.g. social positioning theory) to present a way of understanding factors of potential importance to the impact of SUCI in education might go some way in addressing impact and importance.

In terms of future learning, I would like to further develop my skills in IPA and other qualitative methodologies in order to fully appreciate their different approaches. In particular, after gaining an understanding of social positioning theory (Harré & van Langehove, 1999), which proposes that positioning is a discursive phenomenon, I would be interested in conducting research in this area using discourse analysis to explore the role of individuals'

language in understanding a particular experience, something that IPA has been criticised for not sufficiently addressing (Willig, 2008). Furthermore, I think I would benefit from undergoing the process of applying for approval from NHS ethics committees, especially as I would like to conduct research in the NHS when qualified.

2. If you were able to do this project again, what would you do differently and why?

Given that this project was a doctoral dissertation, involving a limited time-frame and particular requirements, conducting this research differently would have been challenging. However, in considering the limitations of my research, several thoughts arose. In order to address gaps within the current literature, a main aim of my study was to explore whether clinical psychologists (CPs) perceived that the scheme had a sustained impact on their practice. This immediately limited the potential sample size as participants that completed the scheme in its first year (nine participants), needed to be recruited. This meant that the participants qualified in 2010 and increased the chances that some participants would be currently employed and thus able to respond to this question. However, participants who commenced the scheme in 2008, and graduated in September 2011 could have been recruited, although this would have been very risky in terms of the time-scale of the research.

The impact of SU and carer involvement (SUCI) in general, as opposed to in relation to a specific initiative, could have been investigated across different post-graduate programmes. However, SUCI in placement-based learning represented another gap in the literature and the extant evidence predominantly evaluates SUI in the classroom. Additionally, The National Service Framework for Mental Health (Department of Health, 1999) states that SUCs should be involved in healthcare professionals' training. Therefore, it was therefore decided that

focusing on placement-based SUCI in particular would be important in terms of contributing to the limited evidence-base.

Due to a lack of theory underpinning SUI (Minogue et al., 2009), a grounded theory method could have potentially been used to develop a theoretical model explaining the process of learning from SUCI. However, given that no known studies have investigated CPs' experiences of SUCI or whether it has a sustained impact on practice, IPA was chosen in order to represent a first step in this area. Specifically, it was considered important to start with an understanding of CPs' experiences, in particular, whether participants did perceive an impact on learning and/or practice, prior to developing a theory relevant to this process. Additionally, theoretical sampling and saturation of categories, pertinent to GT, would have represented a challenge given that I had a limited number of potential participants from which I could sample.

Lastly, if I had had a longer time-frame, it would have been interesting to interview the scheme advisors too. For example, exploring how they experienced the scheme. It could also have been interesting to evaluate how they perceived themselves to impact on participants' learning and practice. This would have given recognition to the different perspectives that can be taken from experiences in the doctor-patient interaction (Biggerstaff & Thompson, 2008), or in this case, the trainee-advisor relationship.

3. **Clinically, as a consequence of doing this study, would you do anything differently and why?**

The findings indicate that most of the CPs perceived that the scheme impacted on their learning and practice, suggesting that SUI and experiential expertise can be valued among CPs, which contradicts some findings (Soffe, 2004). Conducting this research has made me

think more about engaging in audits/evaluations investigating SUCs` experiences of services and different treatments/interventions in order to inform professionals` practice. However, presenting this information through a written format might not have the same impact. Thus, in my future post, it would be interesting to explore and potentially set up a client-professional forum, face-to-face or online, where experiences could be shared to promote partnership working.

On a more personal level, the findings have emphasised the importance of negotiating time for reflection at work, despite time constraints and high case-loads. Additionally, working with a woman with experiences of MH difficulties who consulted on my research was invaluable. She brought another perspective to the research and was particularly helpful in acting as a “bracketing facilitator” (Drew, 2004), and in assisting me to become more conscious of my motivations to conduct this study. For example, whilst I have my own experiences of being a SU, I do not often openly speak about this with fellow trainees as I wonder how this would be perceived. Therefore, I was curious to find out whether sharing experiential knowledge is deemed as beneficial to learning and practice. However, at the same time, I did not feel that I fully benefitted from the scheme, as my carer advisor spoke about some experiences that I had personally had. This research increased my awareness of these two contrasting positions and supported me to align myself with each participant`s experience. It has also supported me to reflect upon my own beliefs, emotions and processes, such as counter-transference, in the therapeutic relationship.

I have already started to more frequently ask SUs` about their experiences of therapy during sessions to help me maintain a critical perspective on my practice and to understand how they experience the therapeutic relationship. Additionally, through learning more about the history between SUs and services, I think I would seek to understand more about clients`

experiences of, and relationships with, services and professionals. This would be helpful in my current placement in a medium-secure unit where the power imbalances are particularly pronounced. Being open about this could give me additional insight into how I might be experienced and clients' patterns of relating to others. Lastly, transcribing the data has given me further insight into my interview style. Specifically, my tendency to ask two, sometimes three, questions at once which is understandably confusing for others. This is something that I will continue to be mindful of in my clinical practice.

4. If you were to undertake further research in this area what would that research project seek to answer and how would you go about doing it?

IPA does not seek generalisability of findings and this research study comprised a small and homogeneous sample which limits the transferability of the findings. However, IPA is committed to the detailed interpretative evaluation of cases only deemed possible on small sample sizes (Smith et al., 2009). Nonetheless, further research conducted with CPs involved in other SUCI initiatives at different training programmes across the UK may enable broader conclusions to be made. Additionally, this may support research adopting a GT method to support the development of theoretical models in this area that could be applied to practice to promote meaningful learning from SUCI.

With regards to a specific research project, I would be interested in seeking to answer the question; "What are SUCs' views of the impact of involvement on trainees' practice?", given that the current project only sought trainees' perspectives. For example, SUCs could provide feedback on trainees' practice, such as conducting an assessment and discussing potential interventions with a SUC who is unaware of whether they have participated in a SUCI scheme. An IPA methodology would be appropriate if seeking to understand SUCs' experiences of the clinical interaction, for example, SUCs' experiences of perceived

involvement and whether they felt their perspective was heard. Alternatively, a quantitative methodology could be employed and measure change to trainees` practice. This could be assessed by trainees and SUCs. Additionally, trainees who have not engaged in a SUCI initiative could act as a control group, to add to the lack of comparative research in this area. A measure such as the Patient Satisfaction Scale [PatSat]; Hansen et al., 2010), developed to gather SU feedback pertinent to MH workers` practice, could be used pre- and post-SUI. This was developed with SUs in the UK and comprises 19-items across six categories, including trust, communication and exploration of ideas. SUs respond to questions pertinent to these areas on a 5-point Likert scale from strongly disagree to strongly agree. An open-ended question is also included to comment on how practitioners could improve their practice, thus providing further insight into their experiences.

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MAJOR RESEARCH PROJECT

CHARLENE NINEHAM, MSc.

SECTION D

APPENDICES

A thesis submitted in partial fulfilment of the requirements of
Canterbury Christ Church University for the degree of
Doctor of Clinical Psychology

July 2012

SALOMONS
CANTERBURY CHRIST CHURCH UNIVERSITY

Appendix A: Section A Search Methodology.

The electronic databases ASSIA, British Nursing Index, CINAHL, MEDLINE, PsychINFO, ScienceDirect and Google Scholar were searched between 04.08.10 and 25.05.12 using the following terms alone or in combination using Boolean logic:

Service users/patients/consumers/clients/carers/caregivers/mental health professionals/mental health practitioners/ mental health staff/trainees/students/social care practitioners¹/work(ers)/involvement/participation/education/training/teaching/learning/practice.

Terms were entered for searching in the title and abstract of articles and no time-period limitation was applied. The references, including abstracts and book chapters, generated were scanned. However, when the abstracts did not provide adequate information in terms of the inclusion and exclusion criteria, the full article was located and read. Additionally, relevant websites were accessed and professionals with knowledge in this area were contacted regarding research potentially meeting the following inclusion and exclusion criteria:

Inclusion criteria:

- Articles evaluating mental health (MH) students` perspectives of involving SUs (individuals with experiences of MH difficulties) in their direct learning in terms of the perceived impact on learning and practice;
- Papers focusing on the process of service user involvement (SUI) in the direct teaching/learning of MH students, if students` evaluation of the impact of SUI on learning/practice is included;

¹The terms social work practitioners/work(ers) were searched as they were not included in the thesaurus under MH professionals/practitioners/staff in some of the search engines.

- Articles comprising undergraduate and postgraduate MH students and MH professionals when undergoing MH education through an educational institution;
- Articles involving students/practitioners from generic health professions if they are on a MH strand/module during the time of SUI;
- Articles including carers discussing their experiences of caring for someone with MH difficulties;
- Articles providing anecdotal information (no formal data analysis). Findings of this nature are included given the limited evidence base and their potential to contribute to the review question. Anecdotal findings are deemed appropriate when the area under investigation is relevant to subjective evaluation (Cohen, Stavri & Hersh, 2004).
Additionally, anecdotal findings can help inform and stimulate future research questions and research.

Exclusion criteria:

- Studies evaluating MH students` perceptions of other aspects of SUI such as involvement in research, curriculum design and content of training programmes, interviewing and recruitment of students to courses and the assessment of their academic or placement work;
- Articles reporting MH students` general views about SUI or anticipated impact of SUI on their learning and practice;
- Articles reporting MH students` perspectives of the impact of SUI on their learning and practice when their evaluations are not following or in relation to a specific intervention during their time in MH education;

- Articles involving SUs with differing experiences (e.g. some SUs discussing MH difficulties and some physical disabilities) or co-morbid difficulties (e.g. learning disabilities and MH difficulties) if the findings cannot be delineated in terms of the impact of sharing their experiences of MH difficulties;
- Articles involving SUs in an educational role within the context of therapeutic relationship with students.

Based on the above inclusion and exclusion criteria, the numbers of papers, including literature reviews, extracted from each database were: ASSIA- 15; British Nursing Index – 17; CINAHL- 21; Google Scholar- 24; MEDLINE- 10; PsychINFO- 13 and ScienceDirect- 6.

Excluding duplicates, the search produced 21 articles. Eleven papers comprised anecdotal evidence and ten studies involved formal data analysis.

Appendix B: Kolb's (1984) Experiential learning cycle.

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Appendix C: The scheme: Guidance on suitable topics for the meetings:

Yes:

- General aspects of clinical practice
- Provision and organisation of local mental health services
- Personal experiences of local mental health services (good and bad)
- Aspects of local mental health services that work well and any areas that might be improved
- Activities of local service user and carer organisations.

No:

- No mention of other people's names (staff, service users, carers, etc)
- No discussion of clinical cases
- Limited discussion of personal experiences of mental distress

Appendix D: Salomons Research Ethics Committee Approval

This has been removed from the electronic copy.

Appendix E: Semi-structured interview schedule

Qs 1-3 to support participants to socialise to the interview and think back to the scheme:

1. What did Lived experience mean to you prior to the scheme?
2. What were your expectations of the scheme?
3. What did you use the scheme for?
4. What was your experience of the scheme?
5. Do you think you benefitted from the scheme in anyway?
6. What was there anything challenging about the scheme?
7. To what extent, if any, did the experience have an enduring impact as you progressed through training?
8. How, if at all, did the scheme facilitate your learning?
9. What was your relationship with your advisor like?
10. How did the relationship with your advisor support you to learn? (Sharing of experiences?/Challenging of beliefs?)
11. Did you have time to reflect on the experience of the scheme?
12. What, if anything, was taken from the scheme with regards to professional development?
13. To what extent, if any, has the scheme influenced your development as a practitioner going forward/in current practice? (How have you applied the knowledge to practice?)
14. What were your experiences of the interview?
15. What thought arose during the interview?

Appendix F: Participant Information Sheet



Salomons Campus at Tunbridge Wells
Department of Applied Psychology
Faculty of Social and Applied Sciences

Participant Information Sheet

Clinical psychologists' experiences of a placement-based service user and carer involvement scheme during training: Perceived impact on learning and practice.

I am writing to invite you to take part in a research study. Before you decide whether you want to participate, I would like you to understand why the research is being conducted and what it will involve. Thank you for taking the time to consider participating.

What is the study about?

This study aims to investigate clinical psychologists' experiences of the [REDACTED] scheme, with a focus on the impact, if any, on learning and practice. In particular, whether the potential impact on practice was sustained will be explored.

Who is conducting the study?

The study is being conducted by Charlene Nineham, Trainee Clinical Psychologist, as part of the doctorate in Clinical Psychology qualification awarded by Canterbury Christ Church University. The study is supervised by Dr Mark Hayward, Chartered Clinical Psychologist, and Ms Angela Gilchrist, Chartered Clinical Psychologist.

What do I have to do?

If you decide to take part in this study, you will be invited to attend an individual interview with Charlene Nineham. The interview will consist of several questions aimed to explore your personal experiences of the [REDACTED] scheme, and will last approximately 60 minutes. The interview will be recorded using a digital mp3 recorder to support analysis of the interview.

What are the possible benefits of taking part?

The interview will offer an opportunity for you to share your experiences of the scheme and the impact it may have had for you. Despite the growing emphasis that the Government is placing on service user and carer involvement in education, involvement in postgraduate programmes is reportedly uncommon and has received limited research attention. It is hoped that the findings of the study will help us understand more about the impact of service user and carer involvement in the training of healthcare professionals, in particular, the training of clinical psychologists.

Do I have to take part?

No. You also have the right to withdraw from the study at any time. If you agree to take part, you will then be asked to sign a consent form.

What do I do if I want to take part?

If you would like to participate please complete the notification of interest form below, and email Charlene Nineham at c.s.nineham4@canterbury.ac.uk

Will taking part be confidential?

Yes. Some of your comments may be included in the written report in the form of quotes, however these will not be identifiable to you. The transcripts of the interviews will be viewed only by the researchers involved in the study. All data, both written and audio-recorded, will be coded and transferred to a password protected CD, with any names of people and places changed to protect anonymity. This will be kept in the clinical psychology office for ten years.

In the event of information being disclosed which relates to possible risk to self or others, confidentiality may be broken.

What will happen to the results of the study?

The results of the study may be presented or published, although no personal information will be shared. Details of the results of the study will be available to all participants. This will

include a summary of the results and contact details to obtain further information should you have any questions.

What if I have questions or concerns?

If you have any further questions about the research, please feel free to contact the researcher via email at: **c.s.nineham4@canterbury.ac.uk**

Who has reviewed the study?

The study has been reviewed and approved by the Salomons ethics panel of the Academic Standards Board at Canterbury Christ Church University.

Appendix G: Notification of interest sheet



Salomons Campus at Tunbridge Wells
Department of Applied Psychology
Faculty of Social and Applied Sciences

Notification of interest to participate in research

Project Title: Clinical psychologists` experiences of a placement-based service user and carer involvement scheme during training: Perceived impact on learning and practice.

Principal Researcher: **Charlene Nineham**

Trainee Clinical Psychologist

Participant Name:..... Date.....

Please give details of your preferred method of contact for arranging a date for interview.

Email.....

OR

Telephone.....

Appendix H: Informed Consent Form



Salomons Campus at Tunbridge Wells
Department of Applied Psychology
Faculty of Social and Applied Sciences

Informed Consent Form

Participant Identification Number:

Title of project: Clinical psychologists` experiences of a placement-based service user and carer involvement scheme during training: Perceived impact on learning and practice.

Name of Researcher: Charlene Nineham, Trainee Clinical Psychologist

Purpose of data collection: Major Research Project

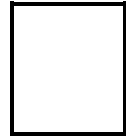
Please read the statements below, then sign and date the form if you consent to participate.

Please initial box

1. The audio-recording and consent form will be kept within the clinical psychology office for ten years.
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.
3. I understand that any personal information that I provide to the researchers will be kept strictly confidential

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4. Verbatim extracts included in the publication will not identify me personally.



Name of Participant

Date

Signature

Name of Researcher

Date

Signature

Appendix I: Debriefing form

Debriefing Form for Participants

Thank you for taking part in this research project. The aim of this study is to establish how your experience of the [REDACTED] scheme during training had an impact, if at all, on your learning and practice. It is hoped that the findings will contribute to the limited research base regarding the impact of service user and carer involvement on mental health students' learning and practice. Additionally, it is hoped that the findings will illuminate processes that might support learning from service users and carers. This may help to inform educational institutions about factors needing consideration in order to promote effective learning from service user and carer involvement.

As part of this study you were required to reflect on your participation in the [REDACTED] [REDACTED] scheme during training. This may have raised difficult or sensitive issues. If so, it may be helpful to seek out appropriate clinical supervision.

If you have any questions or comments about this research, please feel free to contact Ms Charlene Nineham at the following address: Salomons, David Salomons Estate, Broomhill Road, Southborough, Tunbridge Wells, Kent, TN3 0TG or to e-mail c.s.nineham4@canterbury.ac.uk

Thank you again for taking part in this project.

Kind Regards,

Charlene Nineham

Appendix J: Example of uncoded Transcript.

This has been removed from the electronic copy.

Section D: Appendices

Appendix K: Examples of initial notes and emergent themes developed for participant one and contribution to super-ordinate and subordinate themes.

| Super-ordinate Theme | Subordinate theme | Emergent themes | Initial notes | Example excerpts from transcript (line numbers) |
|---|---|-----------------------------|---|---|
| Contextual and relational factors underpinning learning | A non-assessed, safe and reflective space | A non-evaluated space | <p>Non-evaluative position of advisor felt safe</p> <p>Being able to talk to advisor about placement</p> <p>Feeling able to speak more openly</p> | <p>“...my advisor as someone that just wasn’t critical and wasn’t evaluating me, who I could talk to about the things I was doing” (26-27).</p> <p>“it was really helpful in terms of having that non-evaluative space to talk about work” (60-61).</p> |
| | Positioning within relationships | Power dynamics | <p>Power in relationships</p> <p>Being low in the power hierarchy as a trainee</p> <p>A sense of positioning feeling different with advisor</p> <p>Disempowered position as a trainee</p> | <p>“there was no power dynamic, it felt more even” (141-142)</p> <p>“the difference with the advisor was that the power felt different (157).</p> <p>“The power shift was apparent with professionals” (156-157).</p> <p>“As a trainee, you just agree with your supervisor and professionals and what you are told and nod, with my advisor it was on a more even level...” (157-159).</p> |
| | Boundaries and learning | Boundaries in relationships | <p>Different boundaries to that with clients</p> <p>Revealing the `me`</p> | <p>“The boundary relationship was different, you know, it is more boundaried with clients and there are things you can’t talk about. This was less boundaried, There were things I could talk to her about...”]</p> |

| | | | | |
|---|-----------------------------------|---------------------------------------|--|---|
| | | | <p>Different boundaries again</p> <p>Feeling she took a lot from experiencing boundaries differently</p> | <p>(47-49).</p> <p>“I felt like I got so much out of it in terms of having a really positive relationship with a service user that was differently boundaried, it wasn’t like a client relationship”(58-59).</p> |
| Learning: Personal and professional development | Different types of learning | Different to learning with supervisor | <p>Contrasting scheme to supervision</p> <p>Talking about work in a different way</p> <p>Being able to explore more with advisor</p> | <p>“It wasn’t like supervision it was like a conversation where we could talk about work in a really helpful way” (28-29).</p> <p>“There were discussions that my supervisor wasn’t really flexible enough to have whereas my advisor was” (34-35).</p> |
| | Developing a SU/carer perspective | The service user perspective | <p>Seeking to understand what it is like to be a service user</p> <p>Gaining insight into experiences of treatment</p> <p>Mind-mindedness</p> <p>Stepping into clients` shoes</p> <p>Wanting to improve service users experiences based on</p> | <p>“it was a space where we could talk about mental health, what it was like to be a service user” (32-33).</p> <p>“...to get that perspective of what it was like to see a psychologist, she spoke about what was helpful and what was not. What she did and didn’t understand” (40-41).</p> <p>“holding in mind, what she found difficult, what might be helpful for service users” (49-50).</p> <p>“... Hearing her perspective about what</p> |

| | | | | |
|--|----------------------------------|--|--|--|
| | | | insight gained | this felt like...working with her made me think more about this and how I can help to make experiences of being in services be more positive” (130-136). |
| | The clinical psychologist and me | Developing sense of self as a psychologist | Exploring the type of psychologist I want to be Scheme supporting an understanding the type of psychologist she wanted to be Scheme as grounding/thinking autonomously | “I was developing my role so it felt really helpful in understanding the type of psychologist I wanted to be” (42-44). “it made me really think about the type of psychologist I want to be in terms of not being pathologising” (63-64). “the scheme, it anchored me to think how I wanted to. It was really nice to have a breath of fresh air to see my advisor” (78-80). |
| | Doing critical psychology | Holding a critical perspective | The scheme facilitating another perspective to understanding mental health Questioning approaches Being open to other ways of thinking | “...the academic strand was pathologising...diagnosis-driven...I remember lectures on...all these different illnesses. Having the scheme running alongside this was a real counter-balance, it made me hold open in terms of learning, that there is a different narrative to this one... (107-111). “...the project made me think there are different ways to think about things, that critical psychology perspective” (118-119). |

| | | | | |
|--|--|---|--|---|
| | <p>Whose power is it anyway?</p> | <p>Power: Professionals and service users</p> | <p>Hearing impact professionals can have on client, feeling powerless/frustrated/unable to change services</p> <p>Reflecting on power in her therapeutic relationships</p> | <p>“I remember a conversation with my advisor about her psychiatrist always running late and then needing to read the notes first. What it was like for service users to be sat waiting in the waiting room, and being frustrated about having no power to change that and how these situations really make a difference to how people experience a service. It made me think about how I hold more power in relationships with clients, and what I could do to even this up” (179-184).</p> |
| <p>The enduring impact on practice</p> | <p>Critical reflection on practice</p> | <p>Questioning assumptions</p> | <p>Checking her assumptions with clients</p> <p>Learning that what trainee thinks is important may not be what is important/needed for the client</p> <p>Questioning practice</p> <p>Assessing impact of self on clients</p> | <p>“Naming the things that are important to us, If I think about therapy with clients, is there a congruence about what you both take from sessions. Needing to discuss with clients about whether we are on the same page..... as a therapist a minor thing you can say can be such a big thing for the client. I continue to think about this in my work now” (171-174).</p> <p>“I think that being part of this scheme reminded me about why I came into psychology and I think it even having that year makes me think afterwards about the experience of the service users and not just how that therapy is going, you know, how does psychology feel for them, how am I doing” (67-71).</p> |

| | | | | |
|---|---|-------------------------------|--|---|
| | Increased empathy and drive to improve services | Using own insight in practice | Being open with clients Not avoiding difficult discussions Finding it challenging to be open/share her thoughts | “...I think one of the things I use a lot now in my practice, is being very open even about the difficult things. I think about this in relation to my advisor, sharing our thoughts...We both knew what each other thought. At first, this was difficult, but as the scheme went on it helped our relationship” (166-171). |
| | Boundaries and power in clinical practice | Boundaries and power | Reflecting on boundaries in trainee-advisor relationship Applying reflections to practice Boundaries linked to power Trying to balance power in therapeutic relationships | “...I think because of having had this different relationship, being with my advisor, and how different it is for clients in therapy... Being able to think about boundaries with her, then I thought how much do I bring to therapy, you know power balances, I now build in an understanding of that in sessions, and how the therapeutic frame is for them... trying to make the relationship more balanced in practice now” (188-194). “it was more equal, so thinking now as I do in my work, wanting to balance the power if I can” (73-75). |
| Personal reflections and meaning-making | Who are “they”? | “Them and us” | Seeing the person behind the label Just like “us” | “...I think it made me think about service users and lived experience in a different way and how we think about mental health, how it is understood,...realising this is just a person that is having a difficult experience and there are lots of |

| | | | | |
|--|--|---------------------------------------|--|--|
| | | | Thinking about the person not the diagnosis | other things in their lives. I mean when I thought about my advisor I would not first think about her mental health problems, I thought about all the other things I knew about her” (86-91). |
| | Peer reflection | Reflecting with peers | Reflecting with other trainees Integrating the experience | “ I wrote an article with some peers that was helpful. It was a reflection of our experiences on the scheme and how positive we found it. It was a chance to bring together the scheme and reflect on it...” (147-148). |
| | The interview: A meaning-making experience | Reflection-on-action and sense-making | Reflection facilitating meaning | “It was really interesting thinking back, how positive I feel about the scheme and what I learnt... the scheme was a breath of fresh air. It was really positive and I am glad that I did it. It was helpful and I don’t think I had appreciated that as much before” (205-210). |

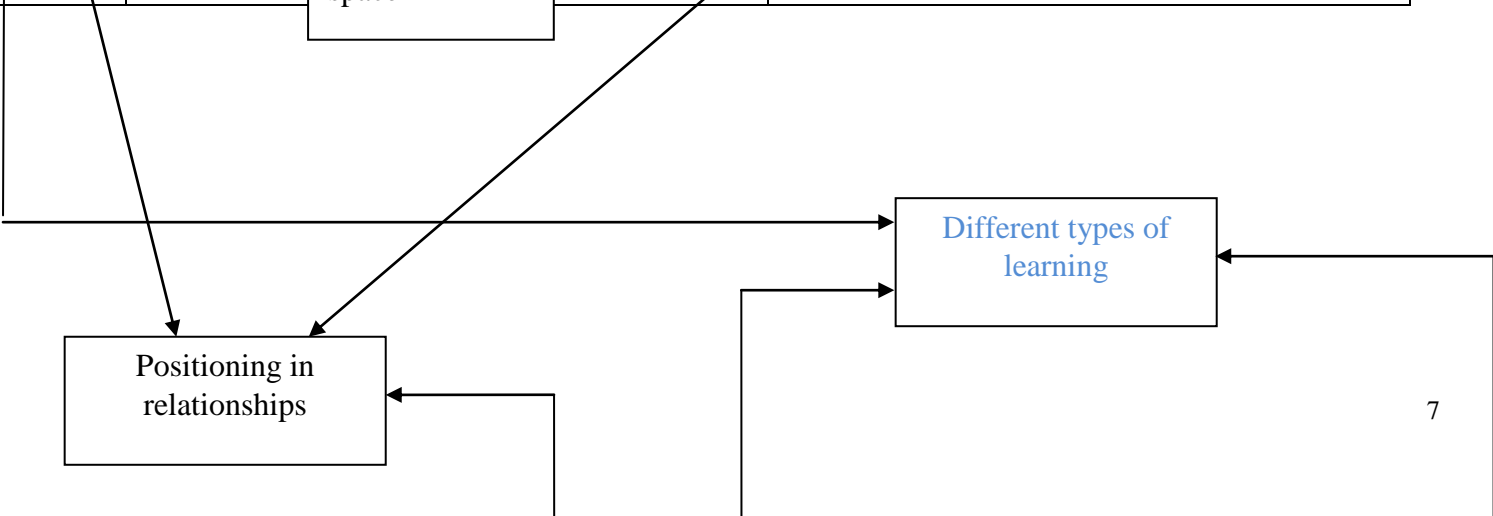
Section D: Appendices

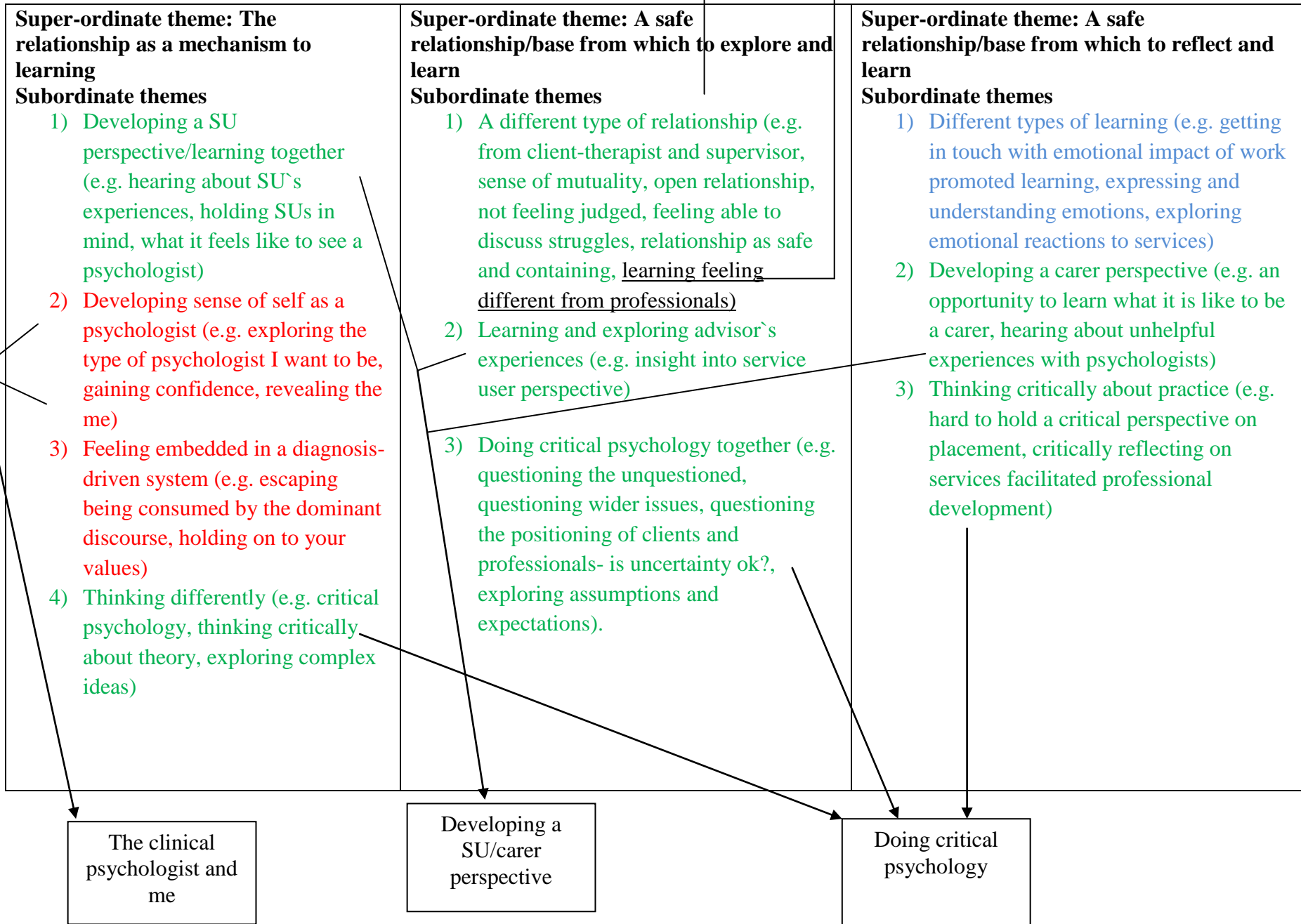
Key:
 Green= Abstraction
 Red= Polarisation
 Blue: Subsumption

Appendix L: Example of abstraction, polarisation and subsumption for some of the themes developed for participants 1, 2 and 3 and their contribution to the final super-ordinate themes across participants

| Participant 1: Examples of super-ordinate and subordinate theme ideas | Participant 2: Examples of super-ordinate and subordinate theme ideas | Participant 3: Examples of super-ordinate and subordinate theme ideas |
|--|--|---|
| <p>Super-ordinate theme: The scheme as different to supervision (As a safe base??)</p> <p>Subordinate themes</p> <ul style="list-style-type: none"> 1) A freer, non-assessed learning space (e.g. Feeling free to think, a mutual exchange, feeling able to speak more openly, feeling deskilled as a 1st year trainee) 2) A sense of equality (e.g. <u>collaborative/mutual relationship, enabling a different type of learning from supervision and from clients</u>) | <p>Super-ordinate theme: The value of a non-assessed space in the first year of training</p> <p>Subordinate themes</p> <ul style="list-style-type: none"> 1) Feeling deskilled as a first year trainee (e.g. Uncertainty about own skills, the scheme as needed in the first year of training) 2) A freer, non-assessed learning space (e.g. opened up space for learning, non-assessed space felt safe) | <p>Super-ordinate theme: A safe, non-assessed space in the first year of training</p> <p>Subordinate themes</p> <ul style="list-style-type: none"> 1) Feeling deskilled as a first year trainee (not feeling like the expert, being honest about this with advisor) 2) Non-assessed learning space (e.g. non-evaluative position of advisor facilitated learning, feeling safe to talk more freely, <u>different from supervisor relationship, felt more equal, feeling able to talk about personal experiences</u>). |

A non-assessed, safe and reflective space





Appendix M: Transcript of interview with researcher about her experience of the scheme.

This has been removed from the electronic copy.

Appendix N: Research Diary excerpts (Abridged version)

July 2010: MRP idea

I met with Mark today to discuss possible research areas related to service user involvement. Mark spoke about evaluating the [REDACTED] Scheme, an initiative that I was currently participating in. I spoke about my involvement in the scheme and Mark spoke about exploring whether trainees perceived the scheme as beneficial to their learning. I thought this was quite brave given his interest in service user involvement. We ended the meeting by discussing exploring trainees' perceptions of the scheme and whether they valued it in terms of their learning. I thought this sounded very interesting as I think the opinions of the trainees engaged in the scheme in my year are probably quite different.

September 2010

I met with Mark again today. We discussed some of the reviews I had read in relation to service user involvement in the training of healthcare professionals and articles questioning the 'added value' of service user involvement in training. We spoke about how the research might shed light on whether trainees in this particular scheme perceived involvement to have any added value in terms of their learning. I also spoke about an apparent lack of research evaluating whether service user involvement had any impact of students' practice. This led us to think about interviewing trainees who completed the scheme in its first year. This would enable exploration of whether the intervention had a lasting impact on professional development. We thought that a qualitative approach would be most appropriate in terms of capturing individuals' subjective experiences. I suddenly found myself feeling quite excited about the research and exploring whether such a scheme can have a lasting impact in terms of clinical practice. We also spoke about involving a service user in the research. I was keen to do this in order to widen our thinking and seek further feedback.

October 2010

I met with Mark and Helen today, a lady with experience of being a service user that would consult on my research. Mark and Helen were interested in hearing about my thoughts of the scheme. I shared that I felt I was gaining insight into the impact of long-term use of being involved in services from a carer's perspective. We also wondered whether trainees with lived experience, or knowledge of lived experience, benefit from the scheme. We discussed my positioning in terms of the scheme; Helen as an advisor for the scheme and me as a trainee that had just finished participating in the scheme. This felt like a really important conversation in terms of our learning and growing awareness of how it could impact on the research if we did not remain conscious of this. For example, needing to be objective when devising interview questions, bracketing my own perceptions about the scheme when analysing the data, and the importance of my supervisors' role in supporting objectivity.

We decided to set a date to meet with Angela to discuss the research questions and arranged that I will contact the course administrators in November/December to get the past trainees' contact details with a view to starting interviewing in March.

January 2011

Have heard back from the course administrators and contacted some of the potential participants. The administrators have forwarded an email for me to those that only have personal email addresses.

Met with Mark, Angela and Helen and discussed the research questions and methodology and contrasted the appropriateness of IPA or grounded theory. We spoke about IPA's idiographic approach and focus on capturing peoples' experiences and meaning-making of experiences. We also discussed the double hermeneutic in terms of my experience of doing the scheme and I suggested that I was interviewed, using the research questions, to help me become more

conscious of my preconceptions about the study. We also spoke about grounded theory and our doubts regarding the ability to theoretically sample, given that I have a particular pool from which I can sample potential participants. Given that only nine trainees completed the scheme, we also had concerns about whether I could reach saturation. We decided that IPA appeared to be the appropriate methodology for the research questions I have, and that grounded theory might be suitable for the future. Looked through the research proposal form to ensure we were clear on how this would be completed and brainstormed some ideas for the interview questions.

February 2011

I was interviewed by a fellow trainee today about my experience and thoughts about the scheme. The interview triggered lots of thoughts, in particular I started to see why I had chosen this area of research. [REDACTED]

[REDACTED] I also think that hearing from service users and carers is important and it seems a little odd that we wouldn't or couldn't learn from those with experiences of using the services we will be delivering. I suddenly feel very curious about what the participants' experiences of the scheme will be.

April 2011

I spoke with another trainee in my year today about the scheme. She had some difficulties, mainly linked to time management on placement. I suddenly feel concerned that the interviews might be a place for participants to vent any frustrations they may have similarly experienced rather than reflecting on the scheme in terms of learning and practice. I have also started to read about IPA and I am feeling a little daunted as I have only conducted thematic

analysis and quantitative research before. This seems a lot more challenging....more reading to do I think!!

Starting to hear back from potential participants and have arranged a few interviews!

End of May 2011

I have conducted two interviews now, both felt like really positive experiences. Both participants appeared to take their time to consider the questions through reflecting on their experiences. They both linked their current practice back to the scheme and seemed to really value their experience. I guess I was surprised with just how much they felt the scheme impacted on their learning, perhaps as this contrasted with my own experience. However, I think this helped me to be more curious and try to find out what it was that made it beneficial for them. I was genuinely interested. Their experiences of training seemed quite hard in the first year and the scheme seemed to represent a breath of fresh air from these difficulties, somewhere they seemed to feel more relaxed to talk about placement with someone using services.

End of June 2011

All interviews completed now and noticing some shared experiences. However, the fifth interview felt quite difficult as the psychologist`s experience was not as positive as the others. I had to be more flexible with the interview schedule than previously in order to capture her experience. She seemed to have found the scheme difficult as her advisor had been unwell at the time. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] My last

interview was also very interesting as this psychologist had experience of mental distress which he thought impacted on what he took from the scheme. [REDACTED]

at times, I am enjoying this part of the study. It is quite exciting to identify some processes that seemed to set the scene for learning from the scheme as it feels like this is adding to the research to date. I have also been mindful of taking myself back to the research questions so that the themes are about impact on learning and practice! It was really helpful that my peer had a look through the themes I developed for the first two participants. She looked at my initial notes and had a go at thinking about emergent themes without seeing mine. This was really helpful when we compared notes, for example, she had also written something about roles and expectations which mirrored my thoughts about positioning in relationships. This was especially helpful as I didn't want this to be informed from the findings in the literature review.

I am now in the process of writing up the analysis and find myself looking forward to having my supervisors and Helen read it! It will be really important to get their perspectives as I feel like my head is completely immersed in the data. I am sure I remember someone saying qualitative analysis was simple. I might have to find them and strongly disagree!

May-June 2012

Met with Mark and Helen today to discuss my first draft of the analysis write-up. It was so helpful to hear their thoughts and to get some feedback! Questioning me also helped me to make sense of my own experience of the analysis and to think more interpretatively about some of the subordinate themes. I spoke about my struggle in selecting quotes that were most relevant as there were several to choose from. I need to reduce the size of my write-up now and ensure, as much as possible, that the quotes I keep are representative to the points I make. It was also helpful to speak about my ideas about what theories I have been thinking might illuminate the findings. This has felt like one of the biggest challenges given that my study is more in accordance with practice-based evidence due to the lack of theory underpinning service user involvement. I am hoping that my ideas will provoke further thinking in this

area, who knows....maybe it will help the development of a model for service user involvement in education and training in the near future!

Appendix O: Examples of respondent validation for the transcripts.

Hello [REDACTED]

I hope your research is going well? This is fine - it does reflect my feelings about the experience. I would also be happy to provide you with some feedback on themes.

Kind regards

[REDACTED]

Hi [REDACTED]

I've just read this and it does reflect my experience of the interview and the scheme. Good luck with the analysis.

Best wishes

[REDACTED]

Hi [REDACTED]

It was interesting to read through that! Yes, that accurately reflects my experience of the interview.

Best wishes

[REDACTED]

Appendix P: Summary of findings for participants and Salomons ethics panel.

Summary Report: July 2012

Clinical psychologists` experiences of a placement-based service user and carer involvement scheme during training: Perceived impact on learning and practice.

Background and aims of study

Service user involvement (SUI) in health services and education has gained increasing momentum. Emerging research demonstrates that SUI can positively impact on mental health (MH) students` learning. However, evaluation of the impact on practice is limited and no research has investigated whether SUI has an enduring impact on learning and practice in this area.

The present study explored qualified clinical psychologists` (CPs) experiences of a placement-based service user and care involvement (SUCI) scheme in terms of the perceived impact, if any, on their learning and practice. Whether the potential impact on practice was sustained was explored.

Methodology

Interviews were conducted with seven participants who engaged in the scheme during their first year of postgraduate clinical psychology (CP) training through two UK-based universities. Five participants were practicing CPs and two were seeking employment. Interpretative Phenomenological Analysis (Smith, Flowers, & Larkin, 2009) was used to analyse the data.

Findings

The analysis yielded four super-ordinate themes:

1) Contextual and relational factors underpinning learning

For some psychologists, the non-evaluative nature of the scheme represented a safer place within which to learn without fear of evaluative consequences. For most CPs, the advisor-trainee relationship seemed characterised by a sense of equality which was juxtaposed to the

supervisor-trainee relationship and client-therapist relationship. Boundaries within the trainee-advisor relationships appeared to impact on learning: An absence of boundaries potentially pertinent to placement, or “some boundaries”, seemingly facilitated learning. Firmer boundaries in one relationship, due to an advisor’s current distress, appeared to hinder learning.

2. Learning: Personal and professional development

Most CPs identified the experience as beneficial to their learning. Participants contrasted learning from their advisor to learning from supervisors, clients and professionals. This appeared related to learning at an emotional level. For most CPs, the scheme provided insight into SUs’ and a carer’s experience of mental distress, motivating some participants’ desires to improve their practice. For many participants, there seemed to be tensions between personal values and elements of training. The scheme appeared to represent a place where participants could reflect on how to synthesise their personal and professional selves. Additionally, the scheme provided many participants with an opportunity to think critically about their learning and practice and opened up a space for relational thinking and conversations about power dynamics. One trainee’s personal experience of MH difficulties, and an advisor’s current distress, hindered learning. With regards to the latter, the participant ended the scheme early due to ethical considerations.

3. The enduring impact on practice

The scheme was perceived to have an enduring impact through training and on current practice for most psychologists. This included maintaining a critical stance on their practice and reflecting on boundaries and issues of power in practice. For some, the scheme evoked difficult emotions, seemingly increasing their empathy with clients’ potential struggles and a desire to improve the wider MH system.

4. Personal reflections and sense-making

Reflecting on the scheme seemed to facilitate sense-making. For several psychologists, despite learning, the scheme evoked discomfort due its perceived “them-and-us” underpinnings. For others, the scheme challenged such thinking through reinforcing other aspects of their advisors’ identity. Reflecting with peers, and during the interview, helped

meaning-making and consolidation of learning, suggesting that learning may not be fully recognised when immersed in the scheme.

Implications for training and practice

The results indicate that the scheme impacted on the majority of CPs` learning and practice in some way. The impact on practice endured during training and in current practice. Situating SUCI within the first year of training may support trainees to explore the uncertainties of practice and facilitate reflection at a personal and professional level. Whilst supervision can support this process, the scheme`s non-evaluative context appeared to promote a sense of safe uncertainty in sharing their experiences. Impact on practice resonated with a partnership approach to practice in accordance with policy directives and the rationale for SUI.

CP training programmes may need to contemplate for whom SUCI is beneficial. Trainees with experience of MH difficulties may not benefit from SUCI. Thus, equal consideration of advisors` and trainees` experiences is demonstrably important when planning initiatives. The stage of a SUCs` distress/recovery may also shape trainees` learning. Learning was hindered for one participant due to their advisor`s current distress. The participant`s decision to leave the scheme raised the question of whether relationships can ever be equal in practice. Lastly, the findings highlight the centrality of reflection to promote learning. Programmes might benefit from using the reflective-practitioner model as a framework for meetings during and post-initiative to promote sense-making of the learning gained.

Further research could explore other MH students` perspectives of such initiatives to strengthen the credibility of the findings, and SUCs` perceptions of the impact of SUCI initiatives. Additionally, there is a need for quantitative research measuring change.

References

Smith, J.A., Flowers, P. & Larkin, M. (2009). Interpretative phenomenological analysis: Theory, research and method. Sage Publications.

APPENDIX R: Audit trail: Super-ordinate themes, subordinate themes, initial notes and sample quotes.

(Px/x/x) = Participant number/page number(s)/line number(s)

[] = Number of participants theme was applicable to () Specific participants to whom a theme was applicable

| Super-ordinate theme | Subordinate theme | Initial notes | Supporting quotes |
|---|---|---|--|
| <p>1.Contextual and relational factors underpinning learning [7/7]</p> <p>This super-ordinate theme describes contextual and relational factors that appeared to support participants` learning from the scheme during their first year of training.</p> | <p>1.1. A non-assessed, safe and reflective learning space</p> <p>[4/7]</p> <p>(1, 2, 3, 6)</p> | <p>A space free from evaluation promoting thinking</p> <p>Feeling safe to share thoughts</p> <p>Concerns about being perceived as unknowledgeable by supervisor</p> <p>The scheme as helpful given 1st year anxieties</p> <p>Feeling safe to speak freely about own experiences</p> <p>A reflective space</p> <p>A safe space</p> <p>A space free from</p> | <p>“I think one of the things that supported my learning was it was a freer space, and it freed up my thinking more... It was much more facilitative in <i>that way. It wasn’t evaluative which was really helpful</i>” (P1/6/138-141).</p> <p>“...<i>it was a freer space. We could discuss things in a way I couldn’t elsewhere as I knew I wasn’t be evaluated so I could ask questions I didn’t feel confident to ask elsewhere</i>” (P2/3/46-48)</p> <p>“...<i>I wasn’t being assessed and evaluated, so I could discuss the things I didn’t feel I could with my supervisor at that stage of training, I felt I might show my naivety, I felt in this space I could be safe and talk about things, it helped me learn much more</i>” (P2/3/65-68).</p> <p>“...<i>being able to talk more freely...within a context which, I mean ultimately the distinction was the advisor did not have an evaluative position towards me so this was outside of that and felt safer for that reason</i>” (P3/6/131-132).</p> <p>“<i>It was such a reflective space where I could reflect on my experiences on placement</i>” (P3/2/30).</p> <p>“...<i>it felt like the safest space I had, as there is very much a sense that you are being assessed all of the time, either academically or clinically,</i></p> |

| | | judgement and evaluation | whatever interactions you are having you are assessed, it was the only space where I could reflect on my experiences without feeling I was being <i>judged or assessed in any way</i> " (P6/3/50-54). |
|---|--|--|---|
| Super-ordinate theme | Subordinate theme | Initial notes | Supporting quotes |
| 1. Contextual and relational factors underpinning learning [7/7] | 1.2. Positioning within relationships [5/7] (1, 2, 3, 4, 6) | <p>Establishing an equal relationship</p> <p>Difference in power dynamics /losing your voice within supervisor-trainee relationship</p> <p>Assumptions about power prior to meeting/repositioning</p> <p>Not feeling like an expert in the first year of training A sense of equality within the relationship Both taking the less powerful position</p> <p>Trust within the relationship Being open about lack of experience to facilitate learning</p> | <p><i>"We set up this even relationship, there was no power dynamic..."</i> (P1/6/141).</p> <p><i>"As a trainee, you just agree with your supervisor and what you are told and nod, with my advisor it was on a more even level..."</i> (P1/6/157-159).</p> <p><i>"...we both began the relationship thinking the other would be in the more powerful position. I assumed she would be more powerful by the virtue of her experience, and she assumed it would be me in a professional position. We shared the more knowledgeable position (P2/4-5/98-101).</i></p> <p><i>"It was equal, I entered into the first meeting keen to establish a sense of parity with my advisor, the context of starting on training is de-skilling and knocked my confidence so I couldn't have entered these meetings as an expert. At that point, I felt like not an expert and didn't want to act as if I were so I hoped that aiming for parity would help me to learn more.... we both took the one down position in relation to the greater expertise of the other"</i> (P3/4/81-86).</p> <p><i>"...we had quite a trusting relationship, when we first met, we shared our experiences and built up an understanding of each other which helped us to learn from one another, so I wasn't just a trainee coming to impart knowledge, by sharing my lack of experience with adults, it gave her a way to impart her knowledge which I could then learn from...I think that is how I was able to learn from her"</i> (P4/5/116-121).</p> |

| | | Advisor in the more powerful position Views of service users potentially challenged Feeling safe under advisor`s guidance | “She took the guiding role in the interaction and I was happy for her to do that” (P6/6/132-33). “...did you not expect that from me as I was a service user, did you not expect me to be assertive and I thought well in reality at the time, no probably not. I felt safe, she took a guiding, leading role and that really worked, I was happy for her to do that” (P6/6/141-144). |
|---|--|---|--|
| Super-ordinate theme | Subordinate theme | Initial notes | Supporting quotes |
| 1. Contextual and relational factors underpinning learning [7/7] | 1.3. Boundaries and learning [6/7] (1, 2, 3, 4, 5, 6) | Different boundaries than with clients Different boundaries again Some boundaries in place to facilitate learning/containment Boundaries deemed different from with clients/potentially less therapeutic Boundaries needed to maintain safety Concerns about impact of meetings on advisor | “The boundary relationship was different, you know, it is more boundaried with clients and there are things you can` t talk about. This was less boundaried, There were things I could talk to her about...” (P1/2/47-49). “I felt like I got so much out of it in terms of having a really positive relationship with a SU that was differently boundaried, it wasn` t like a client relationship”(P1/3/58-59). “Maintaining boundaries wasn` t a problem, the advisor was respectful of the boundaries in the relationship, not needing to talk about things too personally so we could keep focused on learning” (P2/4/83-84). “...The boundaries, well, I guess there were different compared to the relationships I have with clients...freer, less firm I think...” (P3/2/37-38). “...we needed boundaries to keep the service user safe, not to talk too deeply about things. I think there was a general sense of these are people who are still going to services and have issues that can be managed but don` t necessarily go away... I knew I could speak to someone at [REDACTED] if I was concerned” (P4/4/74-78). |

| | | <p>Trust developing from boundaries Wanting to protect advisor, e.g. repetition of word “safe” Boundaries enabling learning</p> <p>The relationship feeling uneasy/risky</p> <p>Role confusion for trainee/ Struggling to maintain boundaries</p> <p>Unboundaried- potentially meaning different to therapeutic boundaries/ facilitating honest disclosure from trainee</p> | <p><i>“The boundaries helped us with trust, what to talk about to keep safe...I felt we still needed some boundaries to keep things safe. I was aware of boundaries to make sure we had certain things we talked about to keep things safe, I wanted to keep her safe, as we had that trusting relationship from the start, I think that is how I could learn from her ” (P4/5/108-113).</i></p> <p><i>“It seemed risky, he said he felt suicidal and depressed...I tried to keep firmer boundaries in place but it felt muddled...” (P5/2/37-38).</i></p> <p><i>“I guess it was an uncomfortable relationship where I felt I was constantly trying to hold a boundary, I think this frustrated him, I think he wanted a different experience and more support. He wasn’t being mentored outside of the scheme, possibly he was viewing me as a therapist, maybe he wanted my direction” (P5/4/86-89).</i></p> <p><i>“...it was perhaps unboundaried, an unboundaried interaction, we challenged each other a lot... our interactions would have perhaps looked a little bit unboundaried but if it wasn’t for that, I wouldn’t have been able to come into the room and say I am freaked out about a case and I don’t know what to do about it” (P6/7-8/172-179).</i></p> |
|---|--|---|--|
| Super-ordinate theme | Subordinate theme | Initial notes | Supporting quotes |
| 2. Learning: Personal and professional development [7/7] | 2.1. Different types of learning [6/7] (1, 2, 3, 4, 6, 7) | <p>Different to supervision</p> <p>A two-way exchange</p> <p>Different from learning from other professionals</p> <p>Being curious</p> | <p><i>“It wasn’t like supervision it was like a conversation where we could talk about work in a really helpful way” (P1/2/28-29).</i></p> <p><i>“I suppose, it was different ...what I learnt from her was different from what I could from any other professional...the fact that my advisor had lived experience to share and reflect upon which was helpful...and the ability to ask her questions about this in a curious way”. (P2/7-8/171-176).</i></p> |

| | | | |
|--|--|--|--|
| | | <p>A different type of learning/Feeling able to disclose personal things</p> <p>Being open and honest about feelings/emotional learning</p> <p>Getting in touch with true emotions with advisor</p> <p>A rawness of emotions not expressed by professionals</p> <p>Feeling able to be honest about emotional impact of work/learning at an emotional level</p> <p>Seeing the value of the scheme</p> <p>Contrasting what you ask a client vs. an advisor</p> <p>Emotional learning</p> | <p><i>"...it provided a different type of learning than would have been uncomfortable to take from supervision so being able to talk more freely about personal experiences....." (P3/6/133-135).</i></p> <p><i>"I think what comes to mind is that when you are able to be genuine about your feelings in the moment, it can be illuminating as to what you`re really feeling, you can engage at a more emotional level and realise that some things about our experiences of services made us angry, whereas I may have only spoke about this as frustration with a colleague..." (P3/6/154-159).</i></p> <p><i>"...the experiences were different, you know, the rawness of her emotions and experiences and whether their mental health condition is still there and for my service user it was still there, she was still managing it daily so this is how it is different I guess from learning from a professional" (P4/5-6/131-137).</i></p> <p><i>"I mean I had great supervision in training and was able to reflect on things that I found hard and that affected me, but perhaps not in the same way I could go into the room with my service user advisor, you know, to be able to go into the room and say god this was awful and I felt terrible and that evening I went home and cried, and what is that all about?" (P6/3/56-65).</i></p> <p><i>"I could see it as a valuable experience to try and sit in the shoes of someone else, so you can ask questions you are interested in, that you can`t ask clients as it is not relevant to the therapy process" (P7/5/113-115).</i></p> <p><i>"... learning from the advisor, you go into feelings and emotions and personal thoughts. From professionals it`s just information, it doesn`t belong to them..." (P7/6/144-145).</i></p> |
|--|--|--|--|

| Super-ordinate theme | Subordinate theme | Initial notes | Supporting quotes |
|--|--|---|---|
| <p>2. Learning: Personal and professional development [7/7]</p> <p>This theme describes the personal and professional learning that participants perceived to experience during the scheme when reflecting on their time with advisors.</p> | <p>2.2. Developing a service user/carer perspective</p> <p>[6/7]</p> <p>(1, 2, 3, 4, 6, 7)</p> | <p>Gaining insight into how therapy feels from a service user`s perspective</p> <p>Using SU perspective to think about how to improve clients` experiences</p> <p>Little understanding of services users` experiences</p> <p>Gaining a carer`s perspective</p> <p>Added motivation to make a difference</p> <p>Gaining a more personal understanding</p> <p>Thinking about how her clients were</p> | <p><i>“...to get that perspective of what it was like to see a psychologist, she spoke about what was helpful and what was not. What she did <i>and didn`t understand</i>” (P1/2/40-41).</i></p> <p><i>“I remember talking about therapy she had a long time before we met. Hearing her perspective about what this felt like, I think often for clients <i>mental health service experience isn`t very positive and</i> working with her made me think more about this and how I can help to make experiences of being in services <i>be more positive</i>” (P1/6/130-135).</i></p> <p><i>”... I suppose I had a bit of a sense of not really knowing what being a service user felt like” (P2/1/13-14).</i></p> <p><i>“...it was a great opportunity to learn about what it is like for a carer...” (P3/2/46).</i></p> <p><i>“I think all the way through the scheme it added more to my determination to make a difference. I tried to step back from my position to think about how some of my advisors and her service user`s experiences with psychologists had been unhelpful, what is felt like for them, it added to my efforts to be better and not make mistakes” (P3/5/104-107).</i></p> <p><i>“I mainly used it to find information about the systems, how they could be improved and in a way learning from her, about her life and what services feel like for service users, and I think, yeah, I learnt so much from one person” (P4/2/30-32).</i></p> <p><i>“...really learning about how badly she had been treated, the amount of different services she had been in, how mistreated she had been at times. I</i></p> |

| | | | |
|---|--|--|---|
| | | <p>experiencing services</p> <p>Mention of wanting to improve clients` experiences again</p> <p>Transferring learning to practice during training</p> <p>Advisor facilitating a service user perspective</p> <p>Debating fellow trainees` understanding of clients</p> <p>A sense that the scheme would benefit peers</p> <p>Feeling that peers may not step into their client`s shoes</p> | <p><i>don` t think you really hear this when working with someone in therapy one to one, so for me it was really helpful to have that as a side issue to really learn what peoples` experiences can be like for them, I knew I had to try and not make those same mistakes” (P4/2/39-43).</i></p> <p><i>“...in terms of learning and clinical practice, I think the most helpful thing she did was ask me questions that helped me to think about how my clients might feel...pertinent questions made me take the position of the client and to think about what maybe did not feel safe or welcoming...she would stop and say how do you think the service user felt when said that... So I think facilitating me taking the perspective of the service user...really helped me learn” (P6/8/191-100).</i></p> <p><i>“I am all in favour of learning about the experiences of service users and carers as someone who has experienced mental health problems, and thinking about some of my colleagues, it is easy to see what little understanding they have about mental health sometimes in terms of some the comments I have heard them make about colleagues they worked with” (P7/1/13-17).</i></p> <p><i>“...fellow psychologists, that didn` t take part on the scheme, I think they could have benefited...fellow trainees moaning about people not turning up to appointments...I would think, well I wonder whether you understand what it is like to be depressed...” (P7/7-8/177-180).</i></p> |
| Super-ordinate theme | Subordinate theme | Initial notes | Supporting quotes |
| 2. Learning: Personal and professional development [7/7] | 2.3. The clinical psychologist and me [5/7] | Using the scheme to think about type of psychologist she wanted to be | <p><i>“I was developing my role so it felt really helpful in understanding the type of psychologist I wanted to be” (P1/2/42-44).</i></p> <p><i>“...when I got on to training I felt I was slotted into a psychiatrist-led system, being on the scheme reminded me of what I thought was</i></p> |

| | | | |
|--|------------------------|--|--|
| | <p>(1, 2, 3, 4, 6)</p> | <p>A sense that values could have been lost without the scheme/The scheme as grounding</p> <p>Self-reflection The person vs. the psychologist Questioning and trying to maintain person-person relating</p> <p>Learning/developing what type of psychologist she wanted to be</p> <p>The personal and the professional How to be me and a psychologist</p> <p>Exploring how to avoid losing herself in the professional role Training as depersonalising</p> | <p>important that I might have lost otherwise. My advisor helped me to not get stuck in that and to keep thinking about service users and their needs. I might have lost this without the scheme, it anchored me to think how I wanted to. It was really nice to have a breath of fresh air to see my advisor and to be free <i>to think in a different way</i>" (P1/3-4/72-80).</p> <p><i>"She had some experience of language being perceived differently in contexts, like pathologised in one context but creative in another context. Understood differently, this was a revelation for me, to stop and think how I am hearing this, as a person or a clinician, am I pathologising?"</i> (P2/6/144-147).</p> <p><i>"...I took forward ideas about the type of psychologist I wanted to be. To step outside of clinical supervision and training... This scheme provided me with an opportunity to do this, for which I was grateful".</i> (P3/8/178-181)</p> <p><i>"...it really helped me think about how I wanted to be and what I would be doing..."</i> (P4/1-2/24).</p> <p><i>"I think I ended up using it for, this was probably months down the line, as a place to think about how I could be a clinical psychologist and me at the same time. I think it probably performed unique roles for each trainee but for me in the first year I was struggling, do I lose all of myself and become a psychologist, or I am still me and a clinical psychologist in a room. I think that is what I used the <i>space for</i>"</i> (P6/2/32-39).</p> <p><i>"...do you want to come out of the other end of training as a [redacted] droid having lost what makes you a unique human being, you know, being the same clinician as other people, as the course has drummed certain values into you and ways of working, or you can come out having some of you in your practice"</i> (P6/3/71-74).</p> |
|--|------------------------|--|--|

| Super-ordinate theme | Subordinate theme | Initial notes | Supporting quotes |
|--|---|---|--|
| <p>2. Learning: Personal and professional development [7/7]</p> | <p>2.4. Doing critical psychology</p> <p>[4/7]</p> <p>(1, 2, 3, 5)</p> | <p>Teaching- feeling overwhelmed by diagnosis focus</p> <p>The scheme balancing teaching</p> <p>Scheme helping keep a critical stance on thinking/approaches</p> <p>Critically reflecting on the role of services with advisor</p> <p>Thinking that you don't need to have all the answers/Viewing uncertainty as helpful</p> <p>Reflecting at a meta-level on the double-bind of services</p> <p>Finding it hard to hold a critical view as a trainee</p> <p>A sense of needing to fit in at expense of own thoughts</p> | <p>"...the academic strand was pathologising...diagnosis-driven...I remember lectures on all these different illnesses. Having the scheme running alongside this was a real counter-balance, it helped with being open in terms of learning, that there is a different narrative...I mean I thought, ok so this is how it is being described but there is another way to think about this..." (P/1/5/107-112).</p> <p>"One of the main areas I found most helpful to discuss was the role of services. I guess there isn't a lot of questioning that goes on about this... things like to what extent services help people with mental health difficulties and how they may also perpetuate this, for example, keeping the patient as a patient" (P2/3/50-54).</p> <p>"The key things were being able to be curious and not feeling like I needed to be the expert, actually valuing my uncertainty and the uncertainty of others too. To see it as helpful and not threatening, this was so important for my professional development" (P2/8/182-184).</p> <p>"Their experiences as a carer made our reflections at a meta-level, to sit back from services and to reflect on how they both help and contribute to peoples` difficulties sometimes..." (P3/2/32-33).</p> <p>"I suppose it was more of an opportunity to um, raise...reactions to the difficulties which exist for people within services which um, is again in the context of joining with a team as a trainee for a short-time, it is hard to hold a critical perspective in relation to their practice as you understand they are doing their best in the situation they are in and that the trainee position is very privileged and can put a limit on the extent to which you have permission to take a critical perspective on what you are seeing and what you participate in..." (P3/6/142/148).</p> |

| | | <p>Difficulty taking a critical perspective with advisor due to current distress</p> <p>Critical reflection on service user involvement</p> <p>Thinking about who is right for involvement?</p> | <p><i>"...it is important to critique services, but it started to feel that this was harmful to him. As he was a service user it was making him speak about distressing past experiences" (P5/2/43-45).</i></p> <p><i>"I think my main learning was maybe not everyone is in a place to be involved as a service user in training, that maybe there is a level of distress that means you can't really be there.... So learning to think about who should be involved, what stage is it something useful and when does it feel harmful" (P5/4-5/98-105).</i></p> |
|---|--|--|---|
| Super-ordinate theme | Subordinate theme | Initial notes | Supporting quotes |
| 2. Learning: Personal and professional development [7/7] | 2.5. Whose power is it anyway? [4/7] (1, 2, 5, 6) | <p>Thinking about power</p> <p>Clients disempowered by professionals` actions/thinking about how to balance power</p> <p>Using the scheme to reflect on power differentials on placement/Attention to power dynamics during training</p> <p>Questioning whether power can ever be balanced</p> | <p><i>"I remember a conversation with my advisor about her psychiatrist always running late and then needing to read the notes first. What it was like for service users to be sat waiting in the waiting room, and being frustrated about having no power to change that and how these situations really make a difference to how people experience a service. It made me think about how I hold more power in relationships with clients, and what I could do to even this up" (P1/8/179-184).</i></p> <p><i>"...we paid attention to power issues...having these discussion was helpful, it is something I tested out in my first year, for example, to be attentive to things that affect power, like a change of room. I could talk about this with my advisor and discuss how these things would also be important in the client-therapist relationship" (P2/5/106-110).</i></p> <p><i>"...I thought about things like can a service user feel empowered all the time and can we ever create an equal relationship?" (P5/3/55-56).</i></p> <p><i>"We discussed things like power and I probably didn't understand it in</i></p> |

| | | Exploring issues of power Being made aware of behaviour than can make clients feel powerless | this language at the time but looking back, the conversations helped with <i>exploring these issues</i> ” (P6/5/112-114). “...perhaps you don’t notice that there still are some things you can do that distance and other yourselves from clients. It was helpful to have someone say ok well I get you think this is the way you work but I notice something you might have done that may have put your clients in a powerless position...” (P6/9/203-206). |
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| Super-ordinate theme | Subordinate theme | Initial notes | Supporting quotes |
| 2. Learning: Personal and professional development [7/7] | 2.6. Barriers to learning from SUI [2/7] (5, 7) | Advisor’s current distress making it hard to think about trainee’s learning/A sense of risk in discussing advisor’s past experiences-feeling unethical Own experiences of mental health difficulties hindering learning Perceiving the scheme to be more beneficial to those without personal experience | “... he was so depressed, he seemed to find it difficult to think about the learning of a trainee, it just felt locked in and yeah, risky...his role became like reliving of negative experiences and I tried to move it on to think about how his experiences could inform my practice but this was hard for him. I fed <i>back about this and said I wasn’t comfortable to continue, it felt unethical</i> ” (P5/2/47-58). <i>I can’t see anything I wouldn’t have got if I hadn’t done the project. As someone who has used services myself, although he spoke his own experiences, there wasn’t anything I didn’t know. I am not saying all service users’ experiences are the same but even if there are subtle differences, I suppose unlike someone who had no experience of mental ill health it probably would have been quite illuminating to hear what it was like being the other side of the fence, but I have been on the other side of the fence”</i> (P7/4/73-79). “I had a range of experiences coming into the scheme that most of my colleagues could only have got from the scheme if they had no mental health experiences or contact with services” (P7/4/82-83). |

| Super-ordinate theme | Subordinate theme | Initial notes | Supporting quotes |
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| <p>3. The enduring impact on practice [7/7]</p> <p>This theme describes participants` perceptions of the scheme in terms of its enduring impact on practice throughout training or for some, the impact on their current practice.</p> | <p>3.1. Critical reflection on practice [5/7]</p> <p>(1, 2, 3, 4, 5)</p> | <p>Reflecting on collaboration</p> <p>Reflecting on own assumptions/impact of self on clients</p> <p>Questioning clients` experience of therapy versus outcomes/critical self-reflection</p> <p>Self-reflection Questioning self</p> <p>Questioning own practice</p> <p>Self-reflection Seeking feedback of clients` experiences</p> <p>Taking the time to pause and think about her practice</p> | <p><i>“Naming the things that are important to us, If I think about therapy with clients, is there congruence about what you both take from sessions? Needing to discuss with clients about whether we are on the same page...I continue to think about this in my work now” (P1/7-8/171-174).</i></p> <p><i>“I think that being part of this scheme reminded me about why I came into psychology and I think even having that year makes me think afterwards about the experience of the service users and not just how that therapy is going, you know, how does psychology feel for them, how am I doing” (P1/3/67-71).</i></p> <p><i>“...thinking about what discursive ear am I hearing this with, this is so helpful to do in my post now. Being able to stop and question how I am hearing what I am hearing, especially when other professionals report things to you, why is this a problem in their eyes?” (P2/5-6/147-150).</i></p> <p><i>“...to not be complacent about how we go about doing our job really.... I continue to do this in my daily practice now, to question what and why I am doing certain things” (P2/6/171-173).</i></p> <p><i>“...striving to maintain a critical perspective on my practice and not in a crippling way but just to take the opportunity to think carefully about what I am doing and to actively engage in seeking feedback about clients` experiences... but to also turn this critical perspective on myself and to maintain this on an ongoing basis” (P3/7/165-170).</i></p> <p><i>“I really remember a lot of these things she said to me and I often stop and think and then use them in my practice now. Thinking about it now, this was really useful way of learning about things from someone else” (P4/4/95-98).</i></p> |

| | | Reflecting on how she may be experienced by service users | <i>"...it is such a valuable experience and it has made me more mindful of how someone else might experience you in the therapeutic relationship and interactions" (P4/6-7/152-158).</i> |
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| | | Ethical practice and self-reflection | <i>"If I feel concerned about someone...I think it made me stop and reflect more on my practice later in training, that it is helpful..." (P5/5/113-115).</i> |
| Super-ordinate theme | Subordinate theme | Initial notes | Supporting quotes |
| 3. The enduring impact on practice [7/7] | 3.2. Increased empathy and drive to improve services [4/7] (1, 2, 3, 7) | Going through difficult experiences and seeing the benefits/ Reflecting on own feelings about uncertainty/Going through a learning process/empathy with clients Insight into self transferred to practice/learning Own experience of ending highlighting importance to therapeutic relationship Scheme impacted on thinking about | <i>"...I think one of the things I use a lot now in my practice, is being very open even about the difficult things. I think about this in relation to my advisor, sharing our thoughts...We both knew what each other thought. At first, this was difficult, but as the scheme went on it helped our relationship, I could understand how she felt better..." (P1/7/166-171).</i> <i>"...helpful for me to feel more confident with uncertainty and understand that clients often come to therapy with a lot of uncertainty, what might happen, or some preconceived ideas that might not be accurate about what therapy might be like. So to have reflected on this with my advisor, I transfer this to my client work now" (P2/4/114-118).</i> <i>"It probably isn't an accident that I went from the scheme to researching peoples` experiences of certain services, as a result of understanding my emotional responses to certain systems" (P3/7/168-170).</i> <i>"...it is impossible to focus too much on endings and how important it is to voice and explore the feelings engendered by them. The scheme helped, was an important part of the learning, to think about this with clients in my practice now" (P3/4/100-102).</i> <i>"I think it pointed out or made me more aware of how fellow psychologists respond to their clients, and maybe they would have benefitted more if some of them had had the experience, so I could see it</i> |

| | | colleagues` practice Colleagues needing this insight/Considering his role in promoting a SU perspective | <i>as a valuable experience to try and sit in the shoes of someone else” (P7/5/111-114).</i> “.. I guess in my subsequent practice I thought about, as a psychologist, my duty to counsel colleagues... to say look I am not criticising but I wonder whether you have <i>thought about this</i> ” (P7/6/135-137). |
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| Super-ordinate theme | Subordinate theme | Initial notes | Supporting quotes |
| 3. The enduring impact on practice [7/7] | 3.3. Boundaries and power in practice [6/7] (1, 2, 3, 4, 5, 6) | Thinking about boundaries with advisor Feeling an imbalance in what is shared Thinking about boundaries/power in practice Shifting boundaries/being flexible in practice Clients as the expert Transferring learning to practice Mindful of power | “...it made me think about other things, like boundaries and what boundaries are like in therapy and having that non-therapy relationship helped me to think about the <i>therapy relationship</i> ” (P1/4/101-103). “... <i>I think because of having had this different relationship, being with my advisor, and how different it is for clients in therapy...Being able to think about boundaries with her, then I thought how much do I bring to therapy, you know power balances, I now build in an understanding of that in sessions, and how the therapeutic frame is for them... trying to make the relationship more balanced in practice</i> ” (P1/8/188-194). “... <i>The other thing, was taking therapy outside of the therapy room, something I do in my qualified post, so thinking about how the boundaries might shift and what the advantaged and disadvantages might be</i> ” (P2/5/120-122). “ <i>there are always power differences, this was helpful to reflect on with my advisor and seeing my clients as experts and being able to value that expertise. I transfer this to my client work now. I could talk about power and expectations in a way that I couldn` t with a client</i> ”. (P2/8/189-192). “... <i>recognising the powerful position that psychologists hold in any service, me included now</i> ” (P3/8/176-177). |

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| | | <p>Not wanting to hold an expert position at expense of client`s understanding</p> <p>Boundaries important in terms of risk management</p> <p>Linking impact back to the scheme</p> <p>Questioning a change in boundaries</p> <p>Benefits of flexible boundaries in practice</p> | <p>“Hearing about how professionals thought they knew best and how she felt unheard, it was really helpful for how I then worked with people, to listen and not to think I know best” (P4/3/60-62).</p> <p>“...defining boundaries and roles and the importance of roles for containment and safety” (P5/6/132-133).</p> <p>“I think it has impacted on that way that I practice massively, I think there are certain elements of my practice I can still link back to the conversations we had” (P6/3/69-71).</p> <p>“Due to experiencing boundaries differently with my advisor, I go out with clients a lot on community visits now...You know, should you be doing this? Is this part of your role as a psychologist? Is this a good use of your time? Yes, it is as when we are out having a coffee they are <i>probably telling me things that they wouldn’t if I was sitting opposite them in a room, all powerful... it breaks down that horrible feeling of positioning yourself as other and separate...</i>” (P6/4-5/99-104).</p> |
| Super-ordinate theme | Subordinate theme | Initial notes | Supporting quotes |
| <p>4. Personal reflections and meaning-making [7/7]</p> <p>This theme relates to participants` personal reflections about the scheme, reflection with peers during the scheme and the role of the interview in</p> | <p>4.1. Who are “they?” [4/7]</p> <p>(1, 3, 5, 7)</p> | <p>Scheme promoting seeing the person behind the diagnosis</p> <p>The scheme perceived to be underpinned by a them and us distinction</p> | <p>“...I think it made me think about service users and lived experience in a different way and how we think about mental health, how it is understood,...realising this is just a person having a difficult experience and there are lots of other things in their lives. I mean when I thought about my advisor I would not first think about her mental health problems, I thought about all the other things I knew about her” (P1/4/86-91).</p> <p>“For me personally, within the focus group, I felt that the scheme was based on a distinction between two groups of people. It provided me with a chance to reflect and identify what I had been uncomfortable with at the</p> |

| <p>promoting reflection and meaning-making of participants' experiences of the scheme.</p> | | <p>Feeling uncomfortable with the them and us divide</p> <p>Seeing the whole person not just their symptoms</p> <p>Feeling that the scheme suggested trainees' experiences are not valued</p> | <p><i>heart of the scheme, this distinction between us and them" (P3/5/122-126).</i></p> <p><i>"...thinking about service users more widely as someone who has other skills...someone is much more than their symptoms and use of services" (P5/4/78-79).</i></p> <p><i>"what is it about the course that says the service user experiences of trainees isn't valued, that's the sense I got from the scheme that you have to go out there to find the service user experience and actually it is also happening in here within the trainee cohort.... You know is it this thing of othering and it has to be happening out there?" (P7/8-9/203-209).</i></p> |
|--|--|--|--|
| Super-ordinate theme | Subordinate theme | Initial notes | Supporting quotes |
| <p>4. Personal reflections and meaning-making [7/7]</p> | <p>4.2. Reflecting with peers [4/7] (1, 2, 4, 6)</p> | <p>Reflecting with peers supporting an understanding of what was learnt</p> <p>Reflecting with fellow trainees</p> <p>Thinking about process</p> <p>Reflecting as helpful</p> <p>Thinking about what was learnt with peers</p> <p>Reflection promoting a sense that using the scheme for own learning needs was ok</p> | <p><i>"I wrote an article with some peers that was helpful. It was a reflection of our experiences on the scheme and how positive we found it. It was a chance to bring together the scheme and reflect on the learning..." (P1/6/147-148).</i></p> <p><i>"... it was helpful to have other trainees doing the scheme too so I could talk to them about the scheme. We could reflect together, we could reflect on things like how we experienced the scheme, the process rather than content..." (P2/7/157-160).</i></p> <p><i>"Definitely, it was helpful to hear each others' experiences, there were lots of opportunities to reflect on my experience, to think about what I had taken from the scheme" (P4/5/124-127).</i></p> <p><i>"Thinking and reflecting as part of the larger group was useful for me. It confirmed for me there wasn't a right or wrong about how the space was used... there were unique things which confirmed for us that there wasn't</i></p> |

| | | | a right or <i>wrong way to use the scheme</i> " (P6/10/231-235). |
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| Super-ordinate theme | Subordinate theme | Initial notes | Supporting quotes |
| 4. Personal reflections and meaning-making [7/7] | 4.3. The interview: A meaning making experience [6/7] (1, 2, 3, 4, 6, 7) | <p>A sense that reflection through the interview clarified learning achieved/Appreciating something that hadn't been before</p> <p>Discussing the scheme and its usefulness</p> <p>Questioning why involvement isn't the norm</p> <p>Reflecting on experience reinforcing impact</p> <p>Interview promoting sense-making</p> <p>The interview as a reminder to what the scheme reinforced and</p> | <p><i>"It was really interesting thinking back, how positive I feel about the scheme and what I learnt...the scheme was a breath of fresh air. It was really positive and I am glad that I did it. It was helpful and I don't think I had appreciated that as much before"</i> (P1/9/205-210).</p> <p><i>"... it was useful to reflect on how much of what I learnt on the scheme is still really present for me, in my work. It was a really valuable scheme, now reflecting back on it, I guess I am surprised that it isn't the norm for courses. I have enjoyed talking about it....What I am left with is why this scheme is new, why isn't it more common. Do courses think it is too radical? Or is there anxiety about the relationship therapists and service users might have, would therapy be the topic of discussion, this wasn't the case or the purpose of the scheme"</i> (P2/10/196-203).</p> <p><i>"It has been really nice to look back and see that the experience wasn't wasted, that the lasting legacy of the scheme has been the benefits of the scheme"</i> (P3/8/185-187).</p> <p><i>"The questions helped me think about certain aspects of it, it makes me think about, when I did the scheme I was just a blank slate coming into training, and perhaps I was nervous in my first year, so these questions have helped me think about what we did and to put it into perspective"</i> (P4/8/160-163).</p> <p><i>"Um, it was really nice to have a structured way to talk about it again. It has reminded me of a lot of the things it is easy to lose when qualified, key values and principles, when you start working to other peoples` schedules</i></p> |

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| | | <p>what could have been lost</p> <p>Clarity on why scheme wasn't experienced as beneficial</p> <p>Ideas about matching advisors and trainees</p> | <p>and doing reports. I think this is one of the experiences that guides me, <i>that is what I need to be doing</i>" (P6/11/259-262).</p> <p><i>"... the experience, given my own, it didn't add anything significant, I'm not saying it didn't add anything, but nothing I can put my finger on. I guess I can see clearly now that it probably didn't help as there was so much commonality between me and my advisor, if I had met with someone whose experience was outside of my own, I may have learnt more"</i> (P7/11/271-275).</p> |
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Appendix S: Publication guidelines of journal chosen for publication

The Journal of Mental Health Training, Education and Practice

Issues for workforce development

Guidelines for contributors

Introduction

The Journal of Mental Health Training, Education and Practice addresses workforce development issues in mental health services. **Workforce development is defined broadly to include not only workforce planning and human resource management but also education and training for mental health practice.** *The Journal of Mental Health Training, Education and Practice* provides a high quality source of information for managers, practitioners, academics and trainers on every aspect of workforce development in mental health services. It focuses primarily on services in the UK but also draws upon international experience, reflecting the common challenges of workforce development and recognising the scope for international learning and development.

Types of articles invited

The Journal of Mental Health Training, Education and Practice welcomes the submission of papers from managers, researchers and practitioners. Peer-reviewed submissions should be 3,500–4,000 words in length (excluding references) and will be considered in the following areas:

- overviews of research which aim to present the practical implications for workforce
- development in mental health services
- descriptions of important innovations in workforce development, including education and training
- reports of original research
- summaries of useful information on relevant and topical issues in workforce development.

The Journal also features:

- editorials (500–1,000 words)
- research and policy articles (c. 2,000 words)
- dialogue articles (1–2,000 words)
- international perspectives (1–2,000 words)
- resource reviews (reviews of books, reports and other resources) (500–1,000 words per review).

Content

Emphasis is given to bridging the experience of service users, carers, managers, practitioners, academics and trainers to establish a constructive dialogue between these different perspectives. Our aim is to establish a high-quality source of information and intelligence. We aim to make the journal accessible, readable and challenging. When you write for us, therefore, please make sure that your work is:

- clear and free from jargon
- non-sexist and anti-discriminatory on the basis of age, gender, ethnicity, disability and sexuality, using respectful language
- rooted in current research
- encouraging of reflection on attitudes and practice.

Writers are expected to highlight equality issues as part of their submission, where these arise as part of their topic.

Bullet points

It will greatly aid accessibility and ease of use if you make full use of bulleted lists in your article containing, for example:

- key points of a document
- practical steps worth highlighting
- relevant issues from recent legislation
- user–carer perspectives
- implications for workforce development, including education and training
- equality/inequality issues
- conclusions.

Illustrations

If appropriate, include original charts, graphs or diagrams to illustrate particular points in your feature as an aid to clarity and understanding. Please number these and clearly mark in the text where these should be included.

References

Please include all references in full at the end of your article, giving the author, date, title of the book or title of the article/journal, the journal volume, page numbers, place of publication and publisher.

Harvard system

In the text we use the Harvard system for preference: ie, refer to references by name and date in brackets; for example: (Smith, 2008) or (Emerson *et al*, 2007) with a comma between name and date.

Where there is more than one reference by the same author, a, b, or c should distinguish them:
(Smith, 2006a).

Where there is more than one reference within brackets, these are separated with a semi-colon:
(Brown, 2005; Grey, 2004).

Books

Lester H & Glasby J (2006) *Mental Health: Policy and practice*. London: Palgrave Macmillan.

Multi-author/editor books

Tummey R & Turner T (Eds) (2008) *Critical Issues in Mental Health*. London: Palgrave Macmillan.

Book chapters

Note: chapter titles and book titles are in title case.

Weinstein J (2007) Promoting inclusivity in care planning. In: A Hall, M Wren & S Kirby (Eds) *Care Planning in Mental Health: Promoting recovery*. Oxford: Blackwell Publishing.

Journal articles

Note: article titles are in sentence case, and the journal title is in title case. There is no punctuation between the journal title and the volume, issue, page numbers.

Annor S & Allen P (2008) Why is it difficult to promote public mental health? A study of policy implementation at local level. *Journal of Public Mental Health* **7** (4) 17–29.

Where you do not have an issue number (ie the number in brackets above), just leave a space between emboldened volume number and normal text of page numbers:

...*Managing Community Care* **8** 45–51.

Court cases

The following illustrate the styles usually followed:

Moorgate Mercantile Co. Ltd v. Twitchings [1975] 3 All ER 314. *R. v Secretary of State for the Home Department, ex parte Benewell* (1985) 128 Sol Jo 703.

Re F (wardship: adoption) (1984) 13 Fam Law 259, CA.

In the third example above, the name of the court (the Court of Appeal) is included in abbreviated form in the reference.

Copyright

Illustrations

We welcome the use of illustrations or photographs but please note that if these are being reprinted from elsewhere, authors are responsible for obtaining copyright clearance for the

reproduction of these in the journal. Please provide these in a suitable electronic format in their completed form. If you require us to scan in images for you, please provide these as good quality originals.

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As a rule it is also necessary to obtain permission for single passages of prose exceeding 250 words or scattered passages totalling more than 400 words from any one work. EU copyright extends to 70 years after the death of the author or 70 years after publication, whichever is longer. Please supply the publisher with full information for all work cited, including author, date published, publisher and page references.

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Abstract and key words

When submitting a main article please preface it with an abstract summarising its main points and five key words. This will greatly help the speed and accuracy with which your article can be included on major library databases. It will also help to alert readers to the key points in your article. The abstract should be between 100 and 150 words in length.

Submission of copy

When submitting your article, please keep formatting and layout to a minimum as this will be done at a later stage. Any illustrations, graphics or tables should be included as a separate document with a clear indication in the main text of where these should appear in the published article. You should submit a word document electronically to **info@pierprofessional.com**. On approval, articles for peer-review will be subject to two peer reviews. This process can take several months and you will be notified of the outcome.

If you have any general queries about the submission of work, please contact Pier Professional (Tel: **+44 (0)1273 783720**; Email: **info@pierprofessional.com**) and we will be happy to help. If you have any queries about the subject matter of your article, please contact the Editors:

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