Now I have a voice: service user and carer involvement in clinical psychology training

Sue Holttum, Laura Lea, Di Morris, Linda Riley and Diana Byrne

Abstract
Purpose – This paper aims to describe the challenges and rewards of service user and carer involvement in clinical psychology training as experienced in one training centre.

Design/methodology/approach – After outlining the major challenges of involvement in higher education and in clinical psychology training, the paper describes the work carried out by the authors. Members of the service user and carer advisory group Salomons Advisory Group of Experts by Experience (SAGE) recount their experiences of working with them in clinical psychology and Increasing Access to Psychological Therapies (IAPT) training. The challenges of inclusion and specific approaches that are used to work with these are explored.

Findings – Members of SAGE have experienced their contributions to the work in positive ways. However, inclusion in this context requires everyone involved to fully acknowledge the social and historical barriers in order to work together to overcome them.

Practical implications – Some of the approaches to meeting the challenges of inclusion in doctoral level clinical training may be applicable in other places.

Social implications – In the authors’ experience, true inclusion means openness to the authoritative voices of people not normally viewed as educators. A parallel question is the degree to which professionals feel safe to admit to service user experience or to draw upon other aspects of their personhood while working professionally. This may be crucial for successful partnership.

Originality/value – The authors are still on this journey of inclusion, and hope that by sharing some of their experiences of its complexities that they may help illuminate some elements of others’ journeys.

Keywords Service user and carer involvement, Clinical psychology training, IAPT, Inclusion, Clinical medicine, Psychology

The context
Towards a more equal partnership in service delivery

It is now recognized that mental health services in the UK have tended to work in ways that are not well suited for partnership with service users, being hamstrung by “a framework of risk, stigma and compulsion” and “a top-down risk-averse culture” (Future Vision Coalition, 2009, p. 27). Progress is being made, however, and it is now a requirement that service users and carers should be involved in all aspects of healthcare planning and delivery (Department of Health (DoH), 1999, 2000; Future Vision Coalition, 2009). The DoH also specifies that all mental health workers should develop certain values and practices during their pre-qualifying training (DoH, 2004). These values and practices specifically include working in partnership with service users, and challenging inequality. The competencies specified by Skills for Health (2009), the UK national body for healthcare training standards, are consistent with this.
The need for involvement of service users and carers as trainers

Tew et al. (2004, p. 4) suggest that “if service delivery is to be characterised by an ethos of partnership, then such partnerships must also form the foundation of mental health education”. Skills for Health (2009) guidelines specify the inclusion of service users and carers in carrying out training. Shepherd et al. (2010) suggest the need for education and training centres staffed and run by service user and carer trainers. It would seem a major anomaly, and an unpromising start to mental health careers, if such modelling of partnership work did not start at the pre-qualification stage, delivered by universities.

The challenges for clinical psychology

UK universities have only recently begun to address the need for “widening participation” in higher education (Higher Education Funding Council for England, 2009; Scottish Funding Council, 2008). In addition, clinical psychology is a doctoral level course (the higher end of higher education). For a number of years now, clinical psychology’s training community has been exercised by the under-representation of diverse population groups. It is of particular relevance here to note that, of entrants to UK clinical psychology courses nationally in 2008 and 2009, <1 per cent had declared mental health difficulties (Clearing House for Postgraduate Courses in Clinical Psychology, 2010a, b). Yet when inviting participation by service users and carers as teachers, courses must grapple with what it means to include people who may have experienced not only severe mental health difficulties, but also considerable educational, economic and social exclusion.

Making it happen

Clinical psychology at Canterbury Christ Church University – our aims

The aim of involvement at Salomons campus is to ensure that trainee clinical psychologists understand the experiences and perspectives of people who use services and live with significant challenges to their mental health, and the perspectives of people caring for someone living with these challenges (service users and carers). This means enabling people to speak as experts by experience and ensuring their inclusion as authoritative teachers in equal partnership with programme staff.

Service users and carers as authoritative trainers

Members of the Salomons Advisory Group of Experts by Experience (SAGE), and also service users and carers from other groups, or known to external teachers, regularly take part in a variety of clinical psychology training sessions. We also run Increasing Access to Psychological Therapies (IAPT) courses in our department. As you will see from her account of working with us, Di Morris, one of our SAGE members, now regularly teaches people on these courses alongside staff member Celia Heneage. Di wanted her piece be entitled “I did not have a voice: Now I have a voice”. Di has recently contributed to a number of published papers with Celia and another colleague (Morris et al., 2009; Plate 1).

How we work – core structures and activities

We have a core group of committed members of staff who work closely with service user and carer trainers:

- An allocated budget and payments policy.
- A part-time co-ordinator who has service user and carer experience.
- An advisory group of service users and carers called SAGE and a network of other advisors and associates.
- We are engaged in building links with local NHS trusts and voluntary sector groups to enable trainees to meet and work with service users and carers in their communities.
- Our co-ordinator, in particular, does a lot of listening to service users and carers, other staff and trainees: this informs our strategic planning.
SAGE members explain their work with us

Linda Riley – a completely new experience

For me, joining SAGE has been a completely new experience. Although I have worked as a volunteer expressing my own and other service users’ views to the local mental health trust, the local recovery and access teams (formerly CMHTs) and the voluntary sector, I have never worked so closely with clinical psychology trainees who have the ability to change – for the better – people’s lives and the way they view the world. The feedback from the trainees, we work with shows how much they value our opinions, and also that it puts their training and the goal they are aiming for into perspective.

Starting slowly, our involvement is beginning to grow, and we have now seen a group of trainees through from their first to third year. I have found working one-to-one with trainees on their research projects particularly rewarding. When a trainee chooses a subject that I feel passionate about, it is great to be able to use my knowledge to increase their awareness and understanding. Being asked to review aspects of their work such as interview questions or whether I think something will work provides a challenge to me and I hope a worthwhile input for the trainees. I feel valued for my contribution and hope that in the future our role will grow.

Before joining SAGE, I had rarely talked about my own mental health to anyone except professionals in an acute ward setting or in the local community mental health centre. I still feel that I can only speak out about some aspects of my life, but for me this is a start and has helped me to become more open and explore in more detail life events with a psychologist.

My greatest achievement has been speaking to a large audience of trainees and professionals about my use of poetry to try to explain, in an inpatient setting, the depths of despair and the effects of hearing voices on my own suicidal feelings and actions (Boxes 1 and 2). Also talking to them about my subsequent use of poetry in many different and more positive ways, and how this could be researched in a trainee research project.

Helping to encourage trainees to use SAGE and our areas of expertise has meant re-looking at the accessibility of our web site and making it and our profiles more friendly and encouraging. This involved working with a trainee and a professional as a team which felt really good.

Participation in the wider field of service user involvement and the changes taking place in the clinical psychology programme would not be possible without the role of a facilitator. Laura Lea acts as a link between SAGE, the clinical psychology programme and its staff and other service user research groups. Without her some of the work, we do would not take place.

Until I wrote this I had not realised just how much involvement I had with trainees and professionals through SAGE. I feel proud of my contributions.
Di Morris – I did not have a voice. Now I have a voice[1]

I have been a member of SAGE about six years. I found it very nerve-wracking when I first came. It was hard to speak up. That first meeting I was trying to make head and tail of it. It has become easier now because I know everybody in the meeting. Also it helps when Anne (staff member), or Linda (SAGE member) says “Hang on, Di wants a word”. That encourages me a lot. I have done speak-out panels with the clinical psychology trainees, plays, role-plays, teaching the IAPT students with PowerPoints. I do not like PowerPoints so I have got to think about what I am saying there and then, rather than think about it beforehand. Celia (staff member) gives the perspective of what a learning disability is and I give mine. She would be all professional and I would be from experience. I had mixed

Box 1. Despair (on hearing voices)

It starts like a whisper,
In the corners of your mind.
Soft, gentle, just out of reach.
As time passes,
It intrudes on your thoughts.
It seems so believable,
The only way out.
Why suffer?
Why struggle?
Give into its power.
It fills your whole mind.
A cacophony of sound.
Reasoning disappears.
I want to embrace it I want to give up.
I need to find the oblivion it promises.
I want to die (Linda Riley, 1 January 2002).

Box 2. My favourite place

I close my eyes,
And let it flood over me.
A feeling of peace and contentment.
Nothing whispers, nothing stirs.
I feel at one with nature,
Totally alone, yet unafraid.
Nothing enters my thoughts.
The stillness becomes part of me.
When I open my eyes,
The warmth and tranquility are still there.

A peaceful refuge from a chaotic world (Linda Riley, 5 March 2005).

Di Morris – I did not have a voice. Now I have a voice[1]

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feelings about doing it – nerves and excitement – but it gave me loads of encouragement and really brought me out of myself. Now I can stand up in a crowd and just waffle.

I prepare by seeing the tutors first and sorting out a plan. I also do plays and role-plays, because it is easier to express myself. I get an idea and then someone helps me plan it. One is a scenario where I go round tables of trainees. In this scenario I had a job, but I lost it cos I did not know the days of the week so I turned up on the wrong day. They have to help me learn them. For example, they might suggest a calendar, and I say, “I can’t read a calendar”. The exercise challenges them, but the thing is they enjoy it. It also gets me to think – it is two way. I do cause them to laugh and I laugh as well, so it breaks the nerves.

I feel quite proud about my work with SAGE. I feel very grateful for being able to open up and tell people about my learning difficulties. I now do another voluntary job which I have never done before. I teach sewing, I also teach about anxiety at the resource centre. We talk about assertiveness and nerves and stress. I do that for the women’s group on my own. I am hoping to do a counselling course this year. I would like to do the teaching professionally. It has given me encouragement to try. Celia wants me to go wider afield with her teaching – she would like me to teach alongside her more. I have built a bit of confidence in speaking up for myself – being a bit more assertive.

If it was not for our co-ordinator Laura Lea, I would not know when all of the appointments were cos she phones to let me know. And she might explain things I do not understand. I also find Viv (administrator) really helpful.

**Diana Byrne – we should be involved in everything**

I have been a member of SAGE for a few years. From the beginning people were able to say whatever they wanted even though some were annoyed with mental health services. And it seemed well organized. I was on an interview panel for a new member of staff recently, and I felt I had equal say. On the placement advisor scheme service users and carers have regular one-to-one meetings with trainees on placement to offer our viewpoint and it is great to help a trainee, give advice and guidance, and support good work. The trainees I have worked with took on board a lot of things I suggested and used them. I have had therapy myself so I could draw on my experience to give something back. For example, we talked about endings. The trainee was coming to the end of work with people on her placement and she said it was quite powerful to look at ways of ending in our meetings. The work feels very important – to offer guidance to future clinical psychologists. You can help them become the best they can be.

When I am preparing for the work I do with SAGE, I take an approach as if it is a proper job. When I was on the interview panel for a staff post I read the references and asked what questions people thought we should ask. And whoever is asking for the work there is always support there if we need it. The co-ordinator role seems vital, and Laura Lea runs the meetings well. Sometimes when there is friction and upset, she is able to take the discontent and listen, and that is not easy to do.

I had expected more involvement in training so that is a major concern for me. At the University of Brighton service users organize a module of four weeks for trainee nurses and we do it how we want, and now we also work with people new to it and guide them. We have even written a book called *Encounters with Madness*. The clinical psychology programme needs to have more engagement with service users in the actual teaching. We should be involved in everything.

**Meeting the challenges**

*Including the excluded means renegotiating roles*

Inclusion, at its heart, is about giving room and space to those who are excluded. This involves overcoming various barriers (Basset *et al.*, 2006). Amongst other things, it needs a renegotiation of roles, practices and structures by everyone involved. We are all adjusting to people usually viewed as service users and carers coming into an educational environment as expert colleagues and trainers. McGowan (2010) suggests giving ourselves permission
to have an honest debate about service user involvement. This may also mean professionals giving themselves permission to feel uncomfortable (Bates, 2011), because of the unfamiliar territory we are embarking on.

**Specific approaches we use to traverse this new territory**

- Creating safe spaces for honest and open sharing of different perspectives, as recommended by Tew *et al.* (2004).
- Use of group agreements about the way we work. Laura Lea has developed these in discussion with all relevant parties.
- Facilitating staff and trainees, as well as service user and carer colleagues, in voicing concerns and anxieties, and listening in a non-judgmental way but within a framework that recognizes the need for change.
- Working with service users and carers in advance of their participation in each specific training event or meeting, to ensure that everyone agrees the purpose and knows what is expected.
- Finding out what service users would like us to do if, for example, someone becomes distressed or finds it hard to stay on task, perhaps because of difficulty concentrating (Nickeas, 2007).
- We have developed practical guidelines for everyone who wishes to involve service users and carers in teaching on our psychology training courses (Lea, 2010).

**Can professionals be service users?**

_Mental health problems still largely invisible in clinical psychology entrants_

The value of service users’ and carers’ expertise by experience appears to have been clearly recognized, even if the implementation has its challenges. But are we able to value to the same degree the service user and carer experience of mental health professionals and trainees? The figures quoted earlier (Clearing House, 2010a, b) suggest that people with mental health difficulties tend not to declare them at the point of application or entry to clinical psychology programmes.

_Why is it important that staff and trainees can declare mental health difficulties?_

Shepherd *et al.* (2010) advocate enabling staff working in mental health services to be open about their own mental health difficulties in appropriate contexts, without fear of being stigmatised. Indeed, they point out the value to mental health services of staff having such experience. Stanley *et al.* (2011) highlight disclosure as a route to reasonable adjustments in the workplace. Referring to the higher education context, Basset *et al.* (2006) suggested that disclosing could help people to be welcoming of others with difficulties. Perhaps, for all these reasons, professionals and trainee professionals also need to have a voice about things we may have found difficult to voice hitherto.

_Exploratory research project on the issue of being open about personal experiences_

We have a small research project underway in the department regarding how open professionals and trainees feel able to be about service user and carer experience and other personal experiences within the professional training context. We are exploring our understanding of how this context appears to permit and restrict certain ways of being. We are also exploring the part we ourselves play in creating or maintaining these permissions and restrictions, in that they are social conventions. And we are exploring the various consequences for ourselves and those around us. This work is informed by the writings of Michel Foucault (2001/1967) and by social positioning theory (Harre and van Langenove, 2003). The findings will be reported in a future publication.
Conclusions

Service user and carer involvement is well worth the effort. The accounts of SAGE members featured in this paper highlight that coming to a university as a service user or carer can be daunting. But we know from trainee evaluations that involving service users and carers has a positive impact on trainees’ learning and practice. Enabling this work takes a little extra time and thought, but the payoff of better qualified clinical psychologists and psychological therapists is too precious to miss out on. We are still on this journey together, and in some senses still finding our voices for new ways of being, but we are proud of the fact that we are engaging with the difficult issues at a deeper level, which ultimately allows transformation.

Note

1. Dictated by Di to Sue Holttum.

References


About the authors

Sue Holttum (AFBPSS) is a Senior Lecturer (Research) at the Clinical Psychology Training Programme, Department of Applied Psychology, Canterbury Christ Church University. In addition to being a trustee of the British Autogenic Society, which offers relaxation training at the Royal London Hospital for Integrated Medicine, Sue Holttum is Chair of the ResearchNet steering group. She also has experience of receiving mental health services. Sue Holttum is the corresponding author and can be contacted at: Sue.holttum@canterbury.ac.uk

Laura Lea is Co-ordinator for Service User and Carer Involvement for the Clinical Psychology Doctoral Programme at Canterbury Christ Church University. She facilitates activities that enable trainees to learn from people who have used mental health services. These include Salomons Advisory Group of Experts by Experience, the first-year placement advisor scheme for trainees on placement, and sharing the lead on a teaching unit on critical, community and service user perspectives. She has extensive experience as a freelance trainer and writer and has worked with Sussex Partnership NHS Trust, Mind, Together, Royal College of Psychiatrists and NHSU amongst others. Her own experiences of living with the challenge of ill health have shaped a perspective from which she advocates a holistic approach to mental health service provision.

Di Morris, Linda Riley and Diana Byrne are members of the Salomons Advisory Group of Experts by experience (SAGE).

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