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## **Mentoring Trainee Psychologists: Learning from Lived Experience**

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### **Abstract**

**Purpose** – To examine service-users' *experiences of mentoring trainee clinical* psychologists as part of an involvement initiative on a doctoral training course.

**Methodology** – Seven service-users were paired with trainee clinical psychologists. Pairs met for one hour monthly over 6 months. Meetings were unstructured, lacked a formal agenda and were not evaluated academically. All seven mentors were interviewed. They were asked about positive and negative experiences, as well as about the support provided. Transcripts were subject to thematic analysis and themes were reviewed by mentors in a follow-up meeting.

**Findings** - Overall, results demonstrate that service-users can be involved in training in a way that they find meaningful and contributes to their recovery. Seven themes were identified: Giving hope and optimism; making a difference; personal and professional development; the process; practicalities/ logistics; support (positives); support (areas for improvement).

**Practical implications** – The importance of designing involvement initiatives in a way which implicitly supports service-user values was highlighted. Recommendations for designing effective support structures are given. Authors were also involved in the scheme which could have introduced bias.

**Originality/value** – Research exploring service-users' *experiences of involvement in training health professionals is limited. This was the first study to explore in depth serviceusers'* perspectives of involvement in a scheme such as the Mentoring Scheme. If initiatives are to seriously embrace the values of the service-user movement then seeking *service-users' perspectives is vital.*

**Keywords** Mental health training, Service-user involvement, Mentoring, Buddy, Lived experience

**Paper type:** Research Paper

### **Introduction**

Over the last few decades, there has been a shift in attitudes towards service-user and carer involvement, with a growing body of evidence now demonstrating the value of

including those with lived experience in all aspects of service development, evaluation and delivery (Lea et al. 2016). Benefits include higher levels of service-user satisfaction, better care (Stringer et al. 2008), improved health outcomes and reduced inequality (BPS, 2010). NESTA, the National Endowment for Science, Technology and Arts (2015), has defined 'co-production' as "delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours" (p5) and suggested six core principles that underpin effective co-production:

- Assets: refers to the shift from seeing service users as passive recipients of care to equal partners in service design and delivery.
- Capacity: involves changing the model of services from a deficit approach to recognising and growing people's strengths.
- Mutuality: is about creating reciprocal relationships with mutual responsibilities and expectations.
- Networks: emphasises the importance of developing peer, personal and professional networks.
- Blur roles: refers to the reconfiguration of service development and delivery in a way that removes the strict boundaries between the consumers and producers of services.
- Catalysts: is where public services facilitate rather than aim to be the key provider of services.

NESTA (2015).

This shift towards co-production in service design and evaluation has been reflected at policy level, with involvement now a requirement at both local and national level (DOH, 1999, 2000, 2001). Both the NHS Act (DOH, 2006) and the NHS Constitution (DOH, 2015) outline the rights of service-users to be involved in the planning and development of services and professional bodies have published guidelines on how such involvement might be achieved (e.g. NICE, 2013; BPS, 2010). The Care Quality Commission, the body responsible for monitoring standards of care, is required to ensure the adequacy of service-user involvement as outlined in the Health and Social Care Act (DOH, 2012). With this changing culture, opportunities for service-user and carer involvement are increasing (Happell et al., 2014). One form of involvement is through the education of new health professionals, again a policy requirement (DoH, 1999; DoH, 2004; HCPC, 2013).

Arguably service-user and carer involvement is of particular importance in mental health settings, where issues such as the deprivation of liberties under the Mental Health Act can impact on power relationships between mental health professionals and those who use their services.

### **Context**

In 2007 two universities trialled a 'Mentoring Scheme' as part of the doctoral training of clinical psychologists (Cooke & Hayward, 2010). Through this scheme, people with lived experience of mental health difficulties were paired with a trainee clinical psychologist on placement, who they met with individually. Meetings were informal, unstructured and not evaluated academically. One of the universities has continued to expand the scheme and in 2016, the sScheme was implemented for the first time in a new Trust. The Trust recruited seven service-users who were paired with first-year trainee clinical psychologists. The pairs met for one hour monthly over six months. Although some guidance was given possible conversation topics, most of the decisions, including where to meet and how to organize meetings were negotiated between each pair. Service-users received four hours of training followed by three ninety-minute group supervision sessions run by a member of staff from the University and a member of staff from the Trust. A serviceevaluation was conducted as part of the first author's doctoral training in clinical psychology.

### **Research exploring service-users' perspectives of their involvement in training**

Generally, the research applicable to the Mentoring Scheme is limited. This is partly because the requirement for service-user involvement in education is relatively new (HCPC, 2013) as well as there being a lack of clarity in how to measure the impacts of service-user involvement in training (Lea et al., 2016) Moreover, where those with lived experience have been involved in training health-professionals, it has mostly consisted of guest lecturing or curriculum consultation, rather than more collaborative initiatives, like the Mentoring Scheme.

A recent systematic review of the published literature on service-user and carer involvement in tertiary level education of mental health professionals found that students valued involvement with benefits including learning from service-users' perspectives on

mental health difficulties, admission, treatment and how services could be improved (Happell et al., 2014). Concerns included whether service-users' opinions were representative and whether service-users might be pursuing their own agendas (Happell et al., 2014).

However, a limitation highlighted in Happell et al.'s (2014) review was the lack of serviceuser voice, which the authors described as 'weak, perhaps even subjugated in the *published work*' (p14). Only six of the thirty papers reviewed included a service-user perspective. In three of these, the form of service-user involvement was significantly different to that seen on the Mentoring Scheme, namely advising on a preregistration curriculum (Forrest et al., 2000); providing questionnaire feedback on student-nurse performance (Morgan & Sanggaran, 1997); and creating an academic post for someone with lived experience (Simmons et al., 2007).

Of the remaining studies, their relevance to the Mentoring Scheme is variable. Anghel & Ramon (2009) asked service-users about their experiences of being involved in the training of social workers, some of whom were working within mental health services. Service-users reported that they enjoyed working with students and saw their involvement as a platform for highlighting important issues. However, they criticised the lack of briefing and debriefing.

In another study, McGarry and Thom (2004) found that service-users involved in training mental health nurses reported increased confidence, feelings of doing something worthwhile in contributing to students' knowledge, and a belief that this knowledge would transfer to practice environments. However, the authors did not specify the type of user involvement that was being reviewed.

Finally, Meehan and Glover (2007) asked service-users about their experiences of being involved in training sessions for mixed groups of mental health professionals and postgraduate students. Service-users raised concerns about potential negative consequences; feelings of vulnerability, their lived-experiences being undervalued, fears of tokenism and voyeurism and a lack of clear expectations.

Three studies which were not included in Happell et al.'s (2014) review, have specifically evaluated the Mentoring Scheme itself. Ninham (2012) reported that students were positive about the experience, describing it as a safe place, characterized by a sense of equality, within which their assumptions were challenged and learning took place at a

more personal level. Similarly, Atkins et al. (2010), students who wrote about their experiences of participating in the Mentoring Scheme, described how the 'unique space' shifted the 'normal service-user-professional relationship', broke down traditional power dynamics and enabled a different sort of learning. Bertram and McDonald (2015) have elaborated further the nature of these 'traditional power dynamics', in which service users are the passive recipients of care, delivered by staff-as-experts.

The only study in which service-user perspectives of the Mentoring Scheme were sought is that by Cooke & Hayward (2010), who reported data from feedback forms and a focus group following involvement in the Mentoring Scheme. The study found that service-users valued the conversations but also highlighted challenges, such as negotiating tasks and relationships; however, findings were limited by the brevity of the study.

### **Rationale and aims**

Given that little is known about service-users' experiences of being involved in the form of training found in the Mentoring Scheme, it was important that the Trust made efforts to seek meaningful feedback from participants. As both an employer and care giver, the Trust had a responsibility to ensure that service-users were adequately supported and that participation in the scheme supported rather than hindered their recovery. The evaluation has wider relevance in helping other trusts and universities to think about how they might meaningfully involve service-users in training.

The evaluation aimed to explore mentors' opinions on the following three questions:

1. What, if any, were the positive outcomes of being involved in the scheme?
2. What, if anything, was difficult about being involved in the scheme?
3. How was the support provided during the scheme?

### **Method**

#### **Authors' positioning**

The first author is herself a trainee clinical psychologist who was on a first-year placement in the Trust and a participant in the peer mentoring scheme. The second author is Coordinator of service-user and carer involvement for the training as well as being a user of services. She is employed specifically to facilitate and extend the involvement of people who use services into all aspects of the training programme including placements. This

author works from the perspective that service-user and carer involvement, where appropriately supported, offers opportunities to ensure that mental health trainees don't develop a "them and us" attitude to people who use mental health services. Whilst working from this position she espouses equipoise in relation to evaluations and research into the effects and impact of involvement in education.

The third author is a clinical psychologist working in psychosis services and co-chair of the Psychology and Psychotherapy Service-user Involvement Group (PPSUIG) within the Trust where the scheme under evaluation is based. The role of PPSUIG is to promote and support safe and effective service-user and carer involvement across the Trust. The work of the group is underpinned by the belief that involving service-users and carers can improve services and that governance plays a vital role in evaluating involvement projects and minimising risks to those who get involved.

### **Design & Materials**

Semi-structured interviews were carried out with all mentors. Interviews lasted between 21-54 minutes and were audio recorded. The first author conducted 6 of the 7 interviews. The final mentor, who had been paired with the first author was interviewed by an Assistant Psychologist.

Interviews were transcribed by the first author and then analysed using thematic analysis (Braun & Clarke, 2006). Following the development of themes, all but one of the mentors attended a group follow-up meeting with the first and second author in which the themes were discussed and adapted. Transcripts and the themes were sent to mentors following the meeting for final comments. The final article was also sent to all mentors before submitting to publication to seek their feedback.

### **Recruitment**

The third author explained the project to all the mentors during a supervision session. Having all given informal consent, 6 of the 7 mentors were contacted via email by the first author and interviews were arranged. The reasons for having a different interviewer were discussed individually with the seventh mentor who agreed to be contacted by the Assistant Psychologist. The three questions were sent via email to mentors prior to the interviews.

### **Ethical considerations**

Approval was granted for the evaluation by the Local Research and Development

Department. Mentors were informed that participation was voluntary and would not affect their future involvement in the scheme. A written information sheet was provided at the beginning of the interview reminding mentors that they had the right to withdraw at any time. Informed consent for both participation and audio recording was gained in writing. Mentors supported the idea of publishing findings and were able to claim for their time in accordance with the Trust policy.

### **Data Analysis**

Data were analysed using thematic analysis (Braun & Clarke, 2006). Analysis was approached from a critical realist stance (Willig, 1999), in which the first author was seen as active in drawing out themes (Ely et al. 1997). Interviews were transcribed as fully as possible, whilst recognising that transcription itself is an interpretive process in which meanings are created (Lapadat & Lindsay, 1999). Given the lack of relevant literature, analysis was conducted inductively without a theoretical coding frame. Semantic (explicit) (Boyatzis, 1998) themes were created through a recursive process in which transcripts, codes and themes were reviewed repeatedly. Themes were validated for accuracy checked by mentors and the second author during the follow-up meeting and adjusted accordingly.

### **Results**

Mentors were originally recruited to the scheme through advert on an NHS Trust involvement register. The involvement register is a system that enables existing or former service users to participate in involvement activities. People on the involvement register who were already known to fit the criteria were also approached individually and invited to participate or suggest other people they knew. All 7 mentors who took part in the scheme agreed to participate in the evaluation, equating to a 100% response rate. There were three men and four women. All except one had been employed as experts-by-experience previously. Due to the small sample size no other demographic information will be provided in order to maintain confidentiality.

### **Themes:**

In the early stages of analysis, codes were organised by the first author under 12 themes. However, after discussing these with mentors and the second author in the follow-up meeting, themes were merged and reorganised, resulting in seven final themes.



## **Giving hope and optimism**

Mentors described the scheme as 'encouraging', 'refreshing', 'inspiring' and giving 'energy' and 'hope'. It was seen to be strengthening connections between service-users and providing evidence that service-user opinions are being taken seriously.

*"I'm more encouraged when I hear about these projects0 they're cutting services, the government wankers]0 So I'll look at projects like this, you guys at [University] and I think wow0 It continues to encourage me, to give me energy to keep exploring stuff,"*

(MENTOR 1).

Mentors were also encouraged by the emphasis on psychology. Many criticised the dominance of the medical model, referring to the potentially damaging effects of medication, clinical environments and diagnoses.

*"Kind of change the outlook because a lot of it was based on the medical model. So just to see them come and talk psychology which I always said was the poorer cousin like to psychiatry, like just to see that get put to the forefront I think will matter and will help people with their care" – (MENTOR 2).*

Mentors also explained how through their interactions, they had developed more positive views of psychologists. Students were described as 'different', 'open', 'fresh-thinking', 'willing to learn', 'not stuck in their ways or systems', 'respectful', 'laid back', 'clued-up', 'empathetic' and 'up for change'.

*M: There's definitely some kind of new breed of psychologists, like on the rise (laughing).*

I: Good. And how are they different? The new breed?

*M: 0Just more open and more giving of themselves. And more human. They just seem to have like less barriers up, all the times so you feel like you connect with them better – (MENTOR 3).*

## **Making a difference**

*"I like to think I'm influencing the future, professionals in their future development0 to get an even better service" – (MENTOR 4).*

All mentors described how they entered the scheme with the aim of making a difference to services. One mentor spoke about this in terms of 'giving something back'. However, the others felt that their involvement was more about 'improving' services, motivated by frustration at inadequate, or even damaging previous experiences.

Areas of change that were discussed included person-centred approaches, looking past

diagnoses, changing power dynamics and moving away from the medical model.

Discussions around the context of 'mental illness' as well as social, cultural and ethnic inequalities were seen as important in challenging stigma.

*I: "So you think this is helping to change outlook and stigma?"*

*M: "Yeah yeah, outlook, stigma and just the way people perceive it and it's just that not one person just fits into 'they're mentally ill', just that kind of person gets mentally ill, that it could be everyone so yeah" – (MENTOR 2).*

### **Personal and professional development**

*"It's been an overwhelmingly positive experience" – (MENTOR 4).*

All mentors spoke about ways in which they had personally benefited from the scheme, some describing it as contributing towards their recovery. Having to stick to appointments and make conversation with a new person reduced social isolation and increased confidence and self-esteem.

*"I got more confident going out to meet people, keep appointments that kind of thing.*

*Ummm, yeah and just being able to hold a conversation, have a good talk, it's a good thing. It's good for everyone, not good to be isolated"- (MENTOR 2).*

Having someone listen with interest and appreciation to their stories and their opinions led to feelings of pride and reduced feelings of shame. Feeling that they had helped someone led to improved self-esteem. Overall, mentors described feeling 'valued', 'important', 'special' and more articulate.

*"I struggled all my life and um but I was able to talk about that and actually feel quite proud of myself for what I have achieved" – (MENTOR 5).*

### **The process**

Mentors explained how the lack of agenda allowed an organic form of communication to develop, which was 'relaxed', 'allowed things to grow' and gave space for 'me to come out of my shell'. One mentor emphasised how helpful she found the handout with suggested conversation topics, whilst others didn't refer to it at all. On discussion of this in the follow-up meeting, mentors agreed that the fact that they had structured sessions so differently was evidence of the flexibility of the scheme.

One mentor spoke passionately about the value of being able to meet her mentor outside of a clinical setting. She described it as 'normalising', enacting service-user choice and said that she felt more freefreer to express herself.

*“I think that’s what makes it work as well you know is that you’re not in a clinic and you feel free to express yourself, even if you’re walking, like with me, I find that when I’m walking, I talk as well”* – (MENTOR 6).

Others actually chose to have sessions in a service-setting, preferring the privacy or familiarity. Again the flexibility in this area seemed to be an asset.

Finally, the blurring of boundaries was seen to contribute towards feelings of equality. Mentors explained that students had shared their own difficulties and that this ‘reciprocity’ had helped to ‘break down the barriers’ that normally exist between service-user and professional.

*“Yeah did feel like he was trying crack on and do life and I’m trying to crack on and do life and that’s it yeah. Rather than he’s a trainee psychologist whatever and I’m this guy with lived experience”* – (MENTOR 1).

### **Practicalities/ logistics**

A number of practical difficulties were raised. Arranging the first meeting was difficult for a few mentors, one of whom reported being given the wrong contact details. Some mentors recommended planning all sessions in advance, whilst others said that this had caused problems for them. One mentor had not been informed that his student was unwell for one meeting. He suggested that a text confirmation on the day of the appointment could be useful.

A number of mentors spoke about wanting more time - the scheme to last longer, to have more sessions and more frequently. In part this may simply reflect how positive mentors felt about the scheme. However, one mentor explained that having a month between sessions disrupted relationship development.

*“cos every time we meet up it’s almost like meeting again for the first time cos it’s been so long since I’ve seen XX”* – (MENTOR 3).

Money was also raised as a concern by two mentors. They questioned whether what they saw as a low wage was an indication of being under-valued.

*“We do all this work and we put a lot of ourselves into it and sometimes the monetary effect doesn’t umm what’s the word? Umm reflect on what we do for me, yeah it’s not always about the money but hey, we’ve got bills to pay as well and we’re putting our own health as well when we talk about it”* – (MENTOR 6).

### **Support: Positives**

Overall mentors were positive about the support. Most didn't feel they needed it but said it was easily accessible had they had difficulties. Most said it was helpful that they already knew one or other of the supervisors, as well as most of the mentors.

*"We all go to loads of meetings anyway together0 and in that I think that it feels safe" – (MENTOR 5).*

The 'attention to detail' and 'responsiveness' of staff-members was useful in practical issues whilst more personal characteristics such as being 'calming' and an 'attentive listener' were appreciated during supervision sessions. The fact that one staff member also has experience of using services was appreciated by a number of mentors. Mentors used supervision sessions to express themselves, process difficulties and reflect on their experiences.

*"I took it to0 supervision and I spoke about it which was good because I processed it" – (MENTOR 5).*

Four mentors talked about the support they drew from each other during supervision sessions. Hearing others' stories helped to clarify that they were 'doing it right'. One mentor described how inspired she had felt by hearing another mentor's experience of the scheme.

*"She was just talking about how doing this, being involved in this project has really changed her life and0 just hearing her speak about some things, talk about it so passionately, just watching her, transformed, actually really made me kind of move inside" – (MENTOR 3).*

### **Support: Areas for improvement**

One mentor felt that supervision sessions could be dominated by one or two mentors which limited others' opportunity to talk. It was suggested that the chair could be slightly more assertive.

*"Ummm but that's to do with the person whose who's running to group and how they manage that. Just a couple of times0 I've kind of felt like, you know, we've had a good half an hour on this and we've got all these other things to cover" – (MENTOR 4).*

Another mentor felt that supervision sessions were not long enough and that longer meetings or more meetings would be useful.

*"It felt like at certain points of the meetings we were quite rushed and I'm not sure we all had a chance to speak as much as we maybe would have liked to" – (MENTOR 3).*

## **Discussion**

The primary aim of the study was to explore service-user perspectives of the Mentoring Scheme to ensure that they were adequately supported and that participation enabled rather than hindered recovery. The secondary aim was to provide a novel contribution to the literature on service-user involvement in training, as to the authors' knowledge, no other published studies have provided an in-depth analysis of service-users' experiences of involvement in an initiative such as the Mentoring Scheme. Results were positive, indicating that service-users felt well supported and believed that their involvement in the scheme had the potential to contribute to meaningful changes in mental health care, as well as entailing personal benefits that supported their own recovery.

### **Contributing to meaningful changes in mental health care**

Mentors felt that their involvement was an opportunity to positively influence the development of services and future professionals. It was thought that discussions on topics such as diagnosis, medication, stigma and equality might lead to meaningful changes in student-practice.

In the wider literature, service-users and carers have voiced similar motivations for involvement work (Lea et al., 2016; Anghel & Ramon, 2009; Turner et al., 2000) whilst students have reported that service-user involvement in teaching has given them a greater insight into service-users' perspectives, greater empathy (Repper & Breeze, 2007; Rush, 2008) and ideas about how to improve mental health services (Happell et al., 2014). Students previously involved in the Mentoring Scheme described it as an important part of their professional development (Atkins et al., 2010), leading to an increased desire 'to improve the wider mental health system' (Nineham, 2012).

In addition to changed attitudes and intentions, studies have also found that students report changing their practice as a result of learning through service-user involvement. Mental health nurses gave examples of discussing hallucinations more openly and passing on hope for recovery following service-user involvement in their training (Rush, 2008). Similarly, mental health professionals who had completed masters level modules with substantial user involvement reported implementing user-focused initiatives in their practice as a consequence of their learning (Khoo, McVicar & Brandon, 2004).

### **Changing power-dynamics**

All mentors expressed the desire to challenge 'them-and-us' thinking and to promote more equal, collaborative and human forms of relating; a principle of co-production (NESTA, 2015) and a motivation for service-user involvement which has been documented previously (Lea et al., 2016). Moreover, the literature indicates that both students (Benbow, Taylor & Morgan., 2008; Black & Jones, 2008; Rush & Barker, 2006; Chapman, 1997; Tee et al., 2007; Happel & Ropper, 2003; Schneebeli et al. 2010) and service-users (McGarry & Thom, 2004; Masters et al., 2002; Forrest et al., 2000; Barnes, Carpenter & Dickinson, 2006) have reported that service-user involvement in training has indeed led to a reduction in 'them-and-us' thinking and a shift in power imbalances; a finding echoed in the current study.

Previous evaluations of student perspectives of the Mentoring Scheme reported similar findings. As in the current study, students in Nineham's (2012) study described sharing uncertainties with mentors, which they saw as representing a shift in traditional roles. Students writing about their experiences of the Mentoring Scheme described how the 'unique' space prompted a shift in the 'normal' user-professional relationship, allowing 'a collegiate form of relating' to develop 'which was based on mutual respect' and 'equality' (Atkins et al., 2010).

### **The process**

Mentors in the current study described several factors that facilitated this shift in traditional power dynamics. Firstly, mentors noted how the structure implicitly promoted equality. The positioning of service-users as experts was seen to challenge the narrative of 'professionals-as-experts' that has traditionally dominated the NHS (Campbell, 2001). A student reporting on her experience of the Mentoring Scheme in a previous study acknowledged her surprise when her mentor took the lead, challenging some of her assumptions about the service-user role (Nineham, 2012).

Similarly, the focus on psychology was seen to demonstrate a move away from the medical model, an important priority not just for the mentors that took part in this scheme but within the service-user movement generally (Forrest et al., 2000). Mentors felt that the medical model, which often emphasizes diagnoses, encourages clinicians to view serviceusers through a medical, rather than human lens, and through doing so creates barriers to communication and maintains 'traditional' power dynamics. The emphasis on psychology was therefore seen as another structural way in which the scheme implicitly promoted

equality and humanity.

The lack of agenda was also seen to facilitate changes in traditional power dynamics, by allowing mentors to discuss what they wanted at their own pace. This, combined with the fact that meetings often took place in non-clinical environments, enabled more natural and equal relationships to develop. Students in Nineham's (2012) study also commented on how meeting in a different setting enabled different conversations than might have occurred in a traditional therapy room. Such conversations enabled them 'to see the person as a person not through a clinician's lens, [widened] their views from the medical model of distress' and encouraged them to think about power imbalances.

### **Personal benefits**

Mentors were very positive about their involvement in the scheme. Much of the personal benefit resulted directly from feeling that they were being treated as equals, valued as human beings and making meaningful contributions to services; in other words that the scheme felt like genuine co-production (NESTA, 2015). However, additional benefits were also highlighted, including the positive effects of social interaction and the cathartic nature of telling one's story. Mentors described the scheme as contributing to their recovery and improving confidence and self-esteem. Service-users involved in other forms of training have also reported that the challenges, sense of accomplishment and chance to retell their story has felt cathartic (Costello & Horne, 2001), led to the development of new skills and a professional identity (Cooke, Daiches & Hickey, 2015), as well as improved confidence, self-esteem and empowerment (McGarry & Thom, 2004; Masters et al., 2002; Forrest et al., 2000).

### **Implications for practice: Enabling better involvement**

The results of this evaluation demonstrate that it is possible to involve service-users in training in a way that they experience as genuine, and that contributes to their own development and recovery whilst meeting the needs of students. These observations are particularly encouraging given that some researchers have questioned the authenticity of changes that have come about through the service-user movement, suggesting that they might represent "more of a policy ideal" rather than genuine commitment to action (Tait & Lester, 2005, p.173).

The idea that the values of the service-user movement should be modelled in the structure

of any initiative seems an important learning point. Involving service-users through a structure that undermines the values they are likely to teach at best is likely to be unproductive and at worst could be harmful to the service-users involved. In this study, the only area in which there was some discussion around the authenticity of the scheme was in relation to payment. Two mentors brought up the issue of remuneration, questioning whether their wage was sufficient and pointing out that wage generally signifies value. The importance of having clear and transparent guidelines around remuneration has been highlighted elsewhere (Repper & Breeze, 2007). However, it seems important that open discussions around remuneration and underlying value implications would be helpful in future initiatives, as well as involving service-users in the development of remuneration policy.

The fact that participation was generally such a positive experience for mentors reduced the need for external support. However, adequate training and support is clearly an important factor in any involvement initiative, as has been highlighted by both service users and lecturers in previous studies (Anghel & Ramon, 2009). From the findings of this study, it can be suggested that future initiatives make efforts to choose supervisors who have the capacity to be available between supervision sessions if necessary and respond quickly to emails. Where possible, choosing supervisors that mentors are already familiar with may facilitate the process of engaging with support structures. Group supervision appeared to work well, as has been described in the wider literature (Beales & Wilson, 2015). However, it is important that supervisors proactively make space for all mentors to be heard and are conscious not to let the more passionate voices dominate. Moreover, where mentors do not know each other or supervisors from previous work, more supervision sessions will likely be required to give time for mentors to feel comfortable enough with each other to share experiences.

### **Limitations, strengths and further research**

The fact that all three authors were involved in the scheme could have introduced bias. Whilst the authors aimed to stay reflexive, it was acknowledged that they all hoped for positive outcomes. Similarly, it is possible that during interview, some mentors may have felt uncomfortable about criticising the scheme to the first author, given that she was linked to both the Trust and University.



The fact that one of the mentors was interviewed by an Assistant Psychologist introduced some inconsistency as it is likely that her personal style will have influenced the course of this interview. Similarly, the fact that this mentor knew that her interview would be transcribed by the first author (her mentee) may have restricted what she felt able to say. Finally, the sample size was small and consisted of mentors from one University and Trust only.

Despite these limitations, it is also possible that the author's' lived understanding of the scheme could have aided their ability to engage with and understand the experiences expressed by mentors (Evans, 2013). Another strength of this evaluation is the extent to which it involved service-users from design and interview through to analysis, interpretation and dissemination. The second author, a user of services was involved in the design of both the scheme and evaluation, whilst mentors were involved in validating the accuracy of analysis and presenting findings to the PPSUIG.

Future work might in the first instance involve replication, given the small scale of this project. Furthermore, a number of the mentors expressed their desire to hear more about students' experiences of the scheme, particularly considering that their positive experience of the scheme was partially dependent on their feeling that they had influenced students' professional development. Research exploring the impact of service-user involvement on student development is limited (Arblaster, Mackenzie & Willis, 2015). Therefore future work could compare mentors' experiences with students' understanding of how their involvement in the scheme had influenced their attitudes and development.

## **References**

- Anghel, R. and Ramon, S. (2009), "Service-users and carers' involvement in social work education: Lessons from an English case study", *European Journal of Social Work*, Vol. 12 No 2, pp. 185–199.
- Arblaster, K., Mackenzie, L. and Willis, K. (2015), "Service-user involvement in health professional education: is it effective in promoting recovery-oriented practice?", *The Journal of Mental Health Training, Education and Practice*, Vol. 10 No. 5, pp. 325 – 336.
- Atkins, E., Hart, L., O'Brien, C. and Davidson, T. (2010), "Service-users and carers as placement advisers: Part 2 - personal reflections on novel relationships", *Clinical Psychology Forum*, Vol. 209 No. 5, pp. 23-27.

- Barnes, D., Carpenter, J., and Dickinson, C. (2006), "The outcomes of partnerships with mental health service-users in interprofessional education: A case study", *Health and Social Care in the Community*, Vol. 14, No. 5, pp. 426-435.
- Beales, A. and Wilson, J. (2015), "Peer support – the what, why, who, how and now", *The Journal of Mental Health Training, Education and Practice*, Vol. 10, No. 5, pp. 314 – 324.
- Benbow, M. Taylor, L. and Morgan, K. (2008). "Multiple perspectives: Involving users and carers in educating health and social care professionals", *Quality in Ageing*, Vol. 9, No. 2, pp. 12-17.
- Bertram, M. and McDonald, S. (2015), "From surviving to thriving: how does that happen", *The Journal of Mental Health Training, Education and Practice*, Vol. 10, No. 2, pp. 337-348.
- Black, K. and Jones, D. (2008). "Involving mental health service-users in student education", *Nursing Times*, Vol. 104, No. 29, pp. 32-33.
- Boyatzis, R.E. (1998). *Transforming qualitative information: thematic analysis and code development*, Sage, London.
- Braun, V. and Clarke, V. (2006), "Using thematic analysis in psychology", *Qualitative Research in Psychology*, Vol. 3, No. 2, pp. 77-101.
- Formatted:** Font: Not Italic
- British Psychological Society (2010), "Good practice guidelines to support the involvement of service-users and carers in clinical psychology services", available at: [http://www.ispraisrael.org.il/Items/00289/Service\\_user\\_and\\_carer\\_involvement.pdf](http://www.ispraisrael.org.il/Items/00289/Service_user_and_carer_involvement.pdf) (accessed 15 February 2017).
- Campbell, P. (2001), "The service-user/ survivor movement", in Newnes, C., Holmes, G. and Dunn, C. (Eds.), *This is madness: A critical look at psychiatry and the future of mental health services*, PCCS Books, Ross-on-Wye, pp. 195-209.
- Cooke, S., Daiches, A. and Hickey, E. (2015), "Narratives of experts by experience: the impact of delivering training in partnership on the subject of personality disorder", *The Journal of Mental Health Training, Education and Practice*, Vol. 10 No. 4, pp. 234 – 244.
- Cooke, A. and Hayward, M. (2010), "Service-users and carers as placement advisors: Part 1 - getting started", *Clinical Psychology Forum*, Vol. 209, No. 6, pp. 21-22.
- Costello, J. and Horne, M. (2001), "Patients as teachers? An evaluative study of patients' involvement in classroom teaching", *Nurse Education in Practice*, Vol. 1, No. 2, pp.

94–102.

Chapman, V. (1996). "Consumers as faculty: Experts on their own lives", *Journal of Psychosocial nursing*, Vol. 34, No. 8, pp. 47-49.

Department of Health (1999), "The National Service Framework for Mental Health", available at:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/198051/National\\_Service\\_Framework\\_for\\_Mental\\_Health.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/198051/National_Service_Framework_for_Mental_Health.pdf) (accessed 15 February 2017).

Department of Health (2000), "The NHS Plan: A Plan for Investment a plan for reform", available at: <http://pns.dgs.pt/files/2010/03/pnsuk1.pdf> (accessed 15 February 2017).

Department of Health (2001), "Involving Patients and the Public in healthcare: a discussion document", available at:

[http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/pr od\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_088803.pdf](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/pr od_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_088803.pdf) (accessed 15 February 2017).

Department of Health (2004), "The ten essential shared capabilities: A framework for the whole of the mental health workforce", available at:

<http://www.dualdiagnosis.co.uk/uploads/documents/originals/ten%20shared%20care%20capabilities.pdf> (accessed 15 February 2017).

Department of Health (2006), "National Health Service Act", available at:

[http://www.legislation.gov.uk/ukpga/2006/41/pdfs/ukpga\\_20060041\\_en.pdf](http://www.legislation.gov.uk/ukpga/2006/41/pdfs/ukpga_20060041_en.pdf) (accessed 15 February 2017).

Department of Health (2012), "Health and Social Care Act", available at:

[http://www.legislation.gov.uk/ukpga/2012/7/pdfs/ukpga\\_20120007\\_en.pdf](http://www.legislation.gov.uk/ukpga/2012/7/pdfs/ukpga_20120007_en.pdf) (accessed on 15 February 2017).

Department of Health (2015), "NHS Constitution", available at:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/480482/NHS\\_Constitution\\_WEB.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/480482/NHS_Constitution_WEB.pdf) (accessed 15 February 2017).

Ely, M., Vinz, R., Downing, M. and Anzul, M. (1997), *On writing qualitative research: living by words*, Palmer, London.

Evans, G.L. (2013), "A novice researcher's first walk through the maze of grounded theory:

Rationalization for classical grounded theory”, *Grounded Theory Review: An International Journal*, Vol. 12, No. 1, pp. 37-55.

Forrest, S., Risk, I., Masters, H. and Brown, N. (2000), “Mental health service-user involvement in nurse education: Exploring the issues”, *Journal of Psychiatric and Mental Health Nursing*, Vol. 7, No. 1, pp. 51–57.

Happell, B.,

Byrne, B., McAllister, M., Lampshire, D., Roper, C., Gaskin, C.J., R Hamer, H. (2014), “Consumer involvement in the tertiary-level education of mental health professionals: A systematic review”, *International Journal of Mental Health Nursing*, Vol. 23, No. 1, pp. 3–16.

Health and Care Professions Council (2013), “Standards for education and training programmes. Service user and carer involvement in education and training programmes”, available at: <http://hpc-uk.org/Assets/documents/10004167SUCstandardwebsiteinformation.pdf> (accessed 27 November 2015).

Khoo, R., McVicar, A. and Brandon, D. (2004), “Service-user involvement in postgraduate mental health education. Does it benefit practice?”, *Journal of Mental Health*, Vol. 13, No. 5, pp. 481–492.

Lapadat, J.C. and Lindsay, A.C. (1999), “Transcription in research and practice: from standardization of technique to interpretive positionings”, *Qualitative Inquiry*, Vol. 5, No. 1, pp. 64-/86.

Lea, L., Holttum, S., Cooke, A. and Riley, L. (2016), "Aims for service-user involvement in mental health training: staying human", *The Journal of Mental Health Training, Education and Practice*, Vol. 11, No. 4, pp. 208 – 219.

Masters, H., Forrest, S. Harley, A., Hunter, M., Brown, N. and Risk, I. (2002), “Involving mental health service-users and carers in curriculum-development: Moving beyond classroom involvement”, *Journal of Psychiatric and Mental Health Nursing*, Vol. 9, No. 3, pp. 309-316.

McGarry, J. and Thom, N. (2004), “How users and carers view their involvement in nurse education”, *Nursing Times*, Vol. 100, No. 18, pp. 36–39.

Meehan, T. and Glover, H. (2007), “Telling our story: Consumer perceptions of their role in mental health education”, *Psychiatric Rehabilitation Journal*, Vol. 31, No. 2, pp. 152–154.

- NESTA (2015). "People Powered Health Co-production Catalogue", available at:  
[https://www.nesta.org.uk/sites/default/files/co-production\\_catalogue.pdf](https://www.nesta.org.uk/sites/default/files/co-production_catalogue.pdf) (accessed 4 January 2017).
- NICE (2013), "Patient and public involvement policy", available at:  
<https://www.nice.org.uk/about/nice-communities/public-involvement/patient-andpublic-involvement-policy> (accessed 15 February 2017).
- Nineham, C. (2012), "Involving service-users and carers in mental health education: Mental health students' perspectives of the impact of direct involvement on their learning and practice", available at:  
[https://create.canterbury.ac.uk/11017/1/Charley\\_Nineham\\_MRP\\_2012.pdf](https://create.canterbury.ac.uk/11017/1/Charley_Nineham_MRP_2012.pdf)  
(accessed 15 February 2017).
- Repper, J. and Breeze, J. (2007), "User and carer involvement in the training and education of health professionals: A review of the literature", *International Journal of Nursing Studies*, Vol. 44, No. 3, pp. 511–519.
- Rush, B. (2008), "Mental health service-user involvement in nurse education: A catalyst for transformative learning", *Journal of Mental Health*, Vol. 17, No. 5, pp. 531–542.
- Rush, B. and Barker, J. H. (2006), "Involving mental health service-users in nurse education through enquiry based learning", *Nurse Education in Practice*, Vol. 6, No. 5, pp. 254-269.
- Schneebeli, C., O'Brien, A., Lampshire, D. and Hamer, H. (2010), "Service-user involvement in undergraduate mental health nursing in New Zealand", *International Journal of Mental Health Nursing*, Vol 19, No. 1, pp. 30-35.
- Stringer, B., Van Meijel, B., De Vree, W. and Van Der Bijl, J. (2008), "User involvement in mental health care: The role of nurses. A literature review", *Journal of Psychiatric and Mental Health Nursing*, Vol. 15, No. 8, pp. 678–683.
- Tait, L. and Lester, H. (2005), "Encouraging user involvement in mental health services", *Advances in Psychiatric Treatment*, Vol 11, No. 3, pp. 168-175.