

Service-user involvement in training ward staff: participants' experiences of making digital stories.

Rachel Spector, Maureen Smojkis, Liz Chilton and members of The Inpatient Care Forum

Background:

It is now a requirement to involve mental health service-users in the development of services they receive (DoH, 1999). In practice this can encompass several levels of engagement with service-users, ranging from the interaction between the individual service-user and the professionals directly involved in his / her care (for example, in the form of collaborative treatment models) to the involvement of service-users in service design, delivery and research (Tait & Lester, 2005). Tait and Lester identify several potential benefits of service-user involvement, including as follows:

- *Users may have different but equally important perspectives on their illness and care.*
- *User involvement may increase the existing limited understanding of mental distress.*
- *User involvement may be therapeutic in itself.*

(Tait & Lester, 2005)

Psychologists working within collaborative treatment models would readily recognise the significance of ensuring that the individual service-user is an active participant in his / her care. Indeed this is key to much of the individual therapy process, for example: via information sharing, shared rationale for therapy, shared formulation of the difficulties, shared goal-setting and the framing of therapy as a shared endeavour. However, it may be more challenging to find ways of collaborating with service-users in other psychology activities such as staff training and research.

Basset, Campbell & Anderson (2006), identify several perceived barriers to service-user involvement in mental health training, including: potential stigma, academic jargon, the emphasis in training programmes on 'factual' knowledge and lack of support for service-users wishing to become involved. In their paper on user involvement in clinical psychology training, Harper, Goodbody and Steen (2003) identify similar perceived barriers, including the endemic medical / scientist-practitioner model and professional protectionism. Their recommendations to overcoming these obstacles include giving trainees access to service-user perspectives and using films, video and other media.

This paper reports on service-user involvement in an interdisciplinary training workshop, delivered by the first two authors to ward staff. The 2-day workshops were designed as part of the psychologist's role within a 74 bedded acute psychiatric hospital, with the aim of enhancing participants' understanding of psychological aspects of inpatient care. They covered a number of areas including the bio-psycho-social model, psychological case formulation, the role of reflective practice in improving care delivery and service-user experiences of inpatient care. A full description and evaluation of the workshops is

beyond the scope of this paper, which focuses on the role played by service-users in the preparation of workshop materials, and their evaluations of that process.

The project:

The project was a collaborative venture between the Birmingham & Solihull Mental Health Foundation NHS Trust acute inpatient psychology service and the Centre of Excellence in Interdisciplinary Mental Health Education (CEIMH); based at Birmingham University. The latter is committed to user involvement in mental health training, and has for some years facilitated the functioning of a regional service-user group: The Inpatient Care Forum, who meet regularly using rooms provided at the centre. Having approached the CEIMH for their support, the lead author was introduced to Forum representatives, and was invited to attend one of their regular meetings to explain the aims and purpose of the proposed training workshops. Several members of the Forum expressed an interest, and so we met several times subsequently to explore what input from them might be possible.

Initially the lead author hoped to invite service-users to attend the workshops – to present a `slot` themselves, but this was felt to be too daunting. Subsequently a DVD was mooted, but following advice from the technical support team at CEIMH we agreed that a digital media format would be more suitable. The software package used was Photostory 3 – a free downloadable Windows package. This enables the user to create a `slideshow` of images which can either be downloaded from available copyright-free images on the web, or can be uploaded by the user in the form of personal digital photographs or scanned images. A number of transition effects are possible between images, for example images can be made to fade in or out, can be zoomed into or panned away from. The user is also able to add captions and titles to the images. A soundtrack can be added which can include background music or a narrative which the user can record using a microphone. This software package was selected rather than a DVD because the CEIMH had prior experience and technical expertise in using the software. The anonymity of this method over a DVD was also preferred by the majority of the service-user group. We discussed the broad aims and reflective nature of the proposed workshops, but otherwise participants were left to choose for themselves the focus of their digital story. It was agreed that following production of their stories, each participant could choose whether or not to give consent to having them used in the workshops.

Members of the Forum who wished to take part were invited to attend a recording day at the CEIMH, in order to record their pre-prepared narratives. CEIMH staff were on hand to lend both technical and emotional support on the day. Six service-users took part, producing a total of 11 digital stories. Subsequently five gave their consent to their stories being used (a total of 10 stories). Of those who gave consent, participants made between 1 and 3 stories each, of between approximately 2 ½ to 6 minutes duration.

There were a variety of topics covered such as: sexuality, safety of women on mixed wards, being let down by staff failing to keep appointments, inaccuracies and prejudices in medical notes, the value of therapeutic relationships, experiences of being sectioned / detained under the mental health act, experiences of police escort to hospital and depot injections. On completion a screening was arranged, for those who wished to view their own and each others stories. The workshop facilitators were also invited to the screening. Immediately following this a focus group discussion was held to investigate participants` reactions to the screening and reflections on their experience of taking part in the project. The discussion was taped and transcribed with participants consent.

Focus group discussion results:

A number of themes emerged in the discussion.

Re-traumatisation associated with taking part:

Some commented on the potential re-traumatising effect of going over events and experiences and the importance of having support through the process as well as some distance from the experience:

I found it very difficult. I went off and thought about it and wrote some stuff down and then all of that was in my head again until it's finished [...] I don't know if everybody does that but that happens to me - a lot of things trigger off things. So I think really you have to think about being supportive to people around the time that they're doing it.(A)

One of the things which came to me was actually sitting down and also putting it together, I could do it because there was sufficient distance from those experiences. You know having said, I mean, that it did ring lots of bells and because it was a horrendous time really but I mean I was able to do it because I have got that distance. (D)

A number of comments were made about the impact of seeing each others stories, reflecting the power of the medium for getting the individuals experience across, as well as the disturbing nature of much of what was captured.

Although I haven't had that exact experience I was shocked actually to hear what had happened to D these experiences you have as an individual are very crushing, very intimidating, leave you very traumatised and leave you with quite traumatised relationships with the services, (B)

Potential therapeutic value of taking part:

Despite these difficulties there was also the view that the process could be therapeutic:

I have to say I think when people look at their own stories..... I look at my own story, you look at your own story, what happens is that you look at it with a different eye, you know(B)

*I think one of the biggest aspects of being ill is that you're told even how you think is wrong. This is **so** damaging! You daren't think! You don't think you can think for yourself and to see this and realise other people have been through it you think 'I'm capable of individual thought and I am right'. It can take years to rebuild that one and this is a very therapeutic tool in rebuilding that. (C)*

..... it's improved my health immensely, just to make it – whether anybody watched it or not. (C)

.....the opportunity to begin to express these feelings and to begin to believe that this is going to be heard, and going to have an impact is huge. Hugely healing.(B)

Reflections on the medium as a training tool:

There was some debate regarding the anonymity of the medium, and whether or not this was helpful. One service-user who had prior experience of face-to-face involvement in staff training was glad of the anonymity offered by this medium:

Years ago I came to the University and um it was psychiatric training. I came and talked to the group, and that was a very, very nerve-wracking experience. And afterwards I thought 'oh if I see them again, or especially if I'm in hospital and I meet one of them, they're going to know everything about me'. And I think this way your confidentiality is there. And you can say whatever you want. Nobody knows anything about you or where you come from. (A)

Another commented of the value of having time to prepare the materials at his own pace:

I must admit when I was speaking it I was glad to be able to pause, you know, every paragraph or so. (D)

However there was also a concern that remaining anonymous might weaken the impact of the story, and that taking ownership could be important and empowering:

..I can't quite explain it but it's also about taking ownership. There are arguments on both sides I think. There are very good arguments in favour of confidentiality and author anonymity but there are also arguments in favour of brazenness as well..... (B)

Reflections on the potential impact in staff training workshops:

There was general consensus on the potential value of incorporating service-user's stories into staff training, and an appreciation of being able to make this personal and authentic:

I think there's a lot to be said for speaking in person though because as a person, as a witness, it's so effective. (C)

To me the voices, the individual voices, the power of that is the power of authenticity. (B)

I appreciated being able to use some of my own photos because it was creative and a bit more personal. (D) ...

Having several short stories available for staff to view was also felt to be valuable, both to reinforce the significance of individual's experiences, and as a way of building some complexity into the learning experience:

The thing about having a number of different stories I think is really important because I think it makes it much more difficult for the professionals to dismiss, you know? (E)

...and...the shortness of them. Because it means that you can actually move through quite a number of experiences, you know, and you can go back and get some more experiences and you build up a kind of a quite a big complex picture, which has uniqueness but also has themes as well, emerging.(B)

There was also the acknowledgement that staff might find the materials difficult to assimilate, with the recognition of the complexities of the in-patient environment and the pressures on ward staff. In this regard the stories were felt to be a potentially useful way of opening up thinking and discussion:

.... in terms of kind of how I'd like to see them used just I think potentially great debate generators really (B)

Reflections on alternative uses for the digital stories:

There was considerable discussion about the possibility of using the materials with other service-users, for example as part of therapy or group work. While this poses interesting possibilities, we felt that further thought might be necessary – for example with respect to the issue of consent to stories being used in different ways to their original purpose.

DISCUSSION:

The success of the project was to a large degree due to existing relationships between the Inpatient Care Forum and the CEIMH. It was significant for example, that the service user group was approached in an environment which was familiar to them. It was also extremely useful to be able to meet with the Forum during the process of putting the workshops together – to share ideas and discuss aims. This also enabled the service-users to explore their motives for taking part. It was agreed for example, that the workshops would be reflective, and that it was hoped to engage staff in thinking about the ward environment. The difficulties staff face in their day to day work was acknowledged by the group during these preparation meetings. Many of them subsequently chose to identify this in their stories, to try to present their views without being blaming or attacking. One service user commented that he had only good experiences of inpatient care. It would have perhaps been helpful if he had completed a digital story – to highlight what works well – however he declined to take part.

To date, four 2-day interdisciplinary workshops have been delivered to ward staff, and several of the digital stories have been used to support the training. An evaluation of the workshops is beyond the scope of this paper and will form the basis of a separate report. However, it is clear from their feedback that staff have greatly valued viewing the digital stories. The stories do not make for comfortable viewing, and it is significant that despite this ward staff have been able to reflect on them sensitively. We believe that this is best facilitated in a workshop setting in which staff feel safe enough for reflection to take place and in which they do not feel judged.

References:

Basset, T. Campbell, P. & Anderson, J (2006)

Service user / survivor involvement in mental health training and education: overcoming the barriers. *Social Work Education*. vol 25. p. 393-402

Department of Health (1999)
National Service Framework for Mental Health London: HMSO

Harper, D. Goodbody, L. & Steen, L. (2003)
Involving users of services in clinical psychology training *Clinical Psychology Forum*, 21
p 14-19

Tait, L. & Lester, H (2005)
Encouraging user involvement in mental health services *Advances in Psychiatric Treatment*. vol 11, p. 168-75