

# Enhancing Mental Health and Emotional Well-Being: The Impact of Practice-based Research

Introduction to this special issue

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**And**

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This collection of posters papers, a webinar and extended abstracts was originally part of a joint symposium between the UK Council for Graduate Education and Middlesex University taking place at Middlesex University on 21<sup>st</sup> May 2020. The joint event between the UKCGE and Middlesex University was cancelled because of the pandemic yet it is now even more relevant and situationally tied to current circumstances. Some of the abstracts, posters and papers intended for the symposium appear here, in this special edition of the Work based Learning e-journal

With approximately 450 million people worldwide now living with a mental health issue, our collective well-being is one of the most pressing concerns of our time. Scholars and practitioners from a variety of disciplines are examining what needs to occur to enhance emotional well-being at national and global levels and there are exciting opportunities for professional doctorates to exert a significant influence in shaping the knowledge-base and practices of this challenging field.

Professional Doctorates are uniquely primed to undertake research in this area. Doctorates in clinical psychology, counselling psychology and psychotherapy are already helping create a brighter future for those who live with emotional difficulty whilst others with a broader remit, such as doctorates in education and doctorates in professional studies, are exploring

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areas that include the contribution of coaching to emotional well-being and interventions for young people. But can we do more? And if so what?

The symposium intended to bring together speakers from a range of disciplines and organisations to explore the topic of emotional well-being and mental health and to consider the contribution that is being made by those undertaking professional doctorates, and those who deliver them. We now do this in the form of this publication. In addition to examples of current research, the publication explores the curriculum, methodologies and supervisory devices that might be particularly helpful for nurturing high impact research and how doctoral pathways can lead to real-world change.

The panel discussion on Enhancing Mental Health and Emotional Well-Being for Students and Staff brought together three individuals talking from varying perspectives. Lucy Holland, vice-President of the Middlesex student union talked from the students' perspectives (including their time during lockdown) and represented the students' point of view with great foresight and experience. Anca Alba from Mental Health Support Service King's College London brought the perspective of staff who support students in their mental health and well-being. Carl Lyons works with staff at Middlesex running sessions to enable well-being for staff across the university and brought a staff perspective. The session facilitated by Professor Sarah Corrie brought about in-depth discussion on the issues and available support for students and staff. Watching and listening to this is a compelling experience.

The poster case studies of doctoral students who are undertaking work in this field will be included digitally on the UKCGE website amongst a collection of impact case studies (see <http://www.ukcge.ac.uk/events/icpd-impact-posters.aspx>). Posters came from researchers across Middlesex University who are researching in the areas of mental health and well-being. Shirley Allen's work is on how early years teachers may recognise children's mental health issues at an early stage. Nicky Lambert's post doc work recognises and celebrates the personal changes generated by doctoral programmes are equivalent to more traditional outputs. Karen Manville, shows the impact of canine assisted intervention on reducing anxiety, stress and depression. Herbert Mwebe monitors cardiovascular disease risk in people with serious mental illness and bridges a gap for these patients and their physical healthcare. Jane Obi-Udejaja explores the impact on practice when service users are

involved in staff training on the prevention and management of violence and aggression in local NHS mental health inpatient wards.

Then Anca Alba's contribution complements her contribution to the webinar with her preamble on how an integrated approach to supporting students' mental health would allow separate systems and levels of support to connect, communicate and work together to support the student at all levels including academic, pastoral and specialist support level.

The final two contributions are extended abstracts from our two keynote speakers. Vanja Orlans discusses a DCPsych programme and highlights its potential in making a difference to professional, organisational, or social practice, especially the reflexive practice of the researching professionals themselves. She argues that the DCPsych is professional doctorate that enables contextual change. action and useful intervention as a part of the doctoral frame.

David Lane considers the supervision of experienced practitioners who undertake professional doctorates. He notes that there has been increasing interest in how practice is viewed not in terms of individual competence but as part of socio-material practices in the context in which they occur. The idea of considering practices in this way indicates how the practices which inform supervision may also be defined.

This special edition and the planning for the symposium is co-ordinated and facilitated by

**Professor Sarah Corrie** <https://www.sarahcorrie.com/about-me/> and

**Professor Carol Costley**, <https://www.mdx.ac.uk/about-us/our-people/staff-directory/profile/costley-carol>

Both from [Work and Learning Research Centre](#), Department of Education, Middlesex University.

## Enhancing Mental Health and Emotional Well-Being for Students and Staff: A Panel Discussion

**ANCA ALBA**<sup>1</sup>

**Kings College London, UK**

**And**

**LUCY HOLLAND**<sup>2</sup>

**Middlesex Student Union, UK**

**And**

**CARL LYONS**<sup>3</sup>

**We Are Conscious, Middlesex staff coach, UK**



Youtube link: <https://youtu.be/i4jEkg-WjvY>

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Our three panelists discuss issues such as institutional responsiveness, support for staff, the challenges of student loneliness, domestic violence, accessibility to support and stigma.

**Anca Alba**, *Head of the Mental Health Support Team, Counselling and Mental Health Support Service at King's College London*

**Lucy Holland**, *Middlesex Student Union, Vice President*

**Carl Lyons**, *Author and Founder of We Are Conscious*

The session is facilitated by Professors Sarah Corrie <https://www.sarahcorrie.com/about-me/> and Carol Costley, <https://www.mdx.ac.uk/about-us/our-people/staff-directory/profile/costley-carol>

Work and Learning Research Centre, Department of Education, Middlesex University.

**Anca Alba**, PhD, DClinPsy Head of the Mental Health Support Team, Counselling and Mental Health Support Service at King's College London.

Anca is a Clinical Psychologist and the Head of Mental Health Support in the Counselling and Mental Health Support Service (C&MHS) at King's College London. Anca has worked in the NHS in CAMHS outpatient and inpatient services before joining C&MHS at King's and has experience in working with young people with complex mental health needs.

**Lucy Holland** Middlesex Student Union, Vice President.

Lucy is the Vice President Art & Creative Industries faculty representing all students within these schools at Middlesex and working closely with the School Voice Leaders on the Middlesex Student Union Executive. Each Student Officer also has particular interests in and responsibilities for other areas of student life and Lucy has a particular role in mental health and well-being.

**Carl Lyons** Author and Founder of We Are Conscious.

Carl has been a performance coach for over 20 years helping individuals and organisations optimise their health and well-being. He is the author of three highly acclaimed books and has written many articles for publications about self-awareness, personal performance and health. For more information visit: [www.weareconscious.co.uk/programmes](http://www.weareconscious.co.uk/programmes)

If you have any questions for our panelists please send them to Carol Costley [c.costley@mdx.ac.uk](mailto:c.costley@mdx.ac.uk). Your questions and the responses from the panelists will be sent to you and will appear in the next issue of the journal.

## **Posters from doctoral candidates across disciplines researching mental health and well being**

1. Shirley Allen, Education Department **Investigating how early years teachers can be supported to engage in integrated working**
2. Nicky Lambert, Department of Mental Health and Social Work, **How working on a Doctor of Professional Studies has redefined the ways that I envisage my role and purpose as a nurse.**
3. Karen Manville, Research Student, **Canine Assisted Intervention – the impact of intervention duration on reducing anxiety, stress and depression in Higher Education students: a randomised control trial**
4. Herbert Mwebe, Department of Mental Health **Cardiometabolic Risk Monitoring in an Inpatient Psychiatric Setting : A Secondary Data Analysis**
5. Jane Obi-Udeaja, Department of Mental Health and Social Work **Exploring the impact on practice when service users are involved in staff training on the prevention and management of violence and aggression in local NHS mental health inpatient wards**

Posters also appear here <http://www.ukcge.ac.uk/events/icpd-impact-posters.aspx>

# **1. Investigating how early years teachers can be supported to engage in integrated working**

**SHIRLEY ALLEN <sup>1</sup>**

**Department of Health and Education, Middlesex University, London, UK**

Children's mental health (MH) has become a more prominent issue during the past decade. Ofsted (2018) assert that children's MH needs are not being sufficiently supported. The DfE's and DH's (2017: 3) Green Paper, 'Transforming Children and Young People's Mental Health Provision' proposed that schools have an important role in identifying children's MH needs 'at an early stage, referring young people to specialist support and working jointly with others to support young people experiencing problems'. This proposal has implications for the efficacy of Early Years (EY) teachers' collaborative working with other professionals, which facilitates a child's access to a range of professional knowledge and skills to support their learning and development (Wong and Press 2012). However, challenges exist to the process of collaborative working and EY teachers' capacity to realise its potential is variable (Nutbrown, 2018). Developing proficiency to collaborate effectively with others requires additional layers of expertise, as well as specialist knowledge and skills associated with particular professional roles (Edwards, 2010).

Employing Bronfenbrenner's (1979) ecological systems theory as a theoretical framework, this research project examines collaborative working in EY provision to inform policy initiatives relating to the professional development (PD) of EY teachers. A qualitative interview study was undertaken that sought the views of EY practitioners and teacher educators about collaborative working and an interpretive paradigm was used to explore the participants' responses (Yin 2016). Research findings indicate the importance of a working environment that promotes open and respectful communication and trusting

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relationships; encourages innovation in pedagogical approaches and offers PD opportunities that have relevance to specific contexts of practice. The findings were supplemented by the current evidence base from the literature to suggest recommendations for what a curriculum for EY teachers' PD might reasonably include.

## References

Bronfenbrenner, U. (1979) *The Ecology of Human Development*. Cambridge, MA: Harvard University Press.

Department for Health and Department for Education (2017) *Transforming children and young people's mental health provision: a green paper* Available at:<http://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper> (accessed 22<sup>nd</sup> September 2018)

Edwards, A. (2010) *Being an expert professional practitioner: The relational turn in expertise*. Dordrecht: Springer.

Nutbrown, C. (2018) *Early Childhood Educational Research* London: Sage

Ofsted (2018) The Annual Report of Her Majesty's Chief Inspector of Education, Children's Services and Skills 2017/18 Available at:

<https://www.gov.uk/government/publications/ofsted-annual-report-201718-education-childrens-services-and-skills/the-annual-report-of-her-majestys-chief-inspector-of-education-childrens-services-and-skills-201718> (Accessed 6th

February 2019)

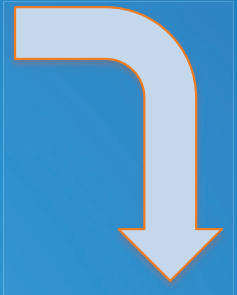
Wong, S. and Press, F. (2012) *The Art of Integration: Delivering Integrated Education, Care and Support Services for Young Children and their Families* NSW, Australia: The Infants' Home

Yin, R. (2016) *Qualitative Research from Start to Finish* (2<sup>nd</sup> edn.) New York: The Guildford Press

# Preparing the Mental Health practitioners of the future through practice-based research

## Background

Children's mental health has become a more prominent issue during the past decade. The DfE's and DH's (2017: 3) Green Paper, 'Transforming Children and Young People's Mental Health Provision' proposed that schools have an important role in identifying children's mental health needs 'at an early stage, referring young people to specialist support and working jointly with others to support young people experiencing problems'. This proposal rests on the efficacy of early years teachers' collaborative working with other professionals, which facilitates a child's access to a range of professional knowledge and skills to support their learning and development (Wong and Press 2012). However, challenges exist to the process of integrated working and early years teachers' capacity to realise its potential is variable (Nutbrown, 2018). Developing proficiency to collaborate effectively with others requires additional layers of expertise, as well as specialist knowledge and skills associated with particular professional roles (Edwards, 2010).



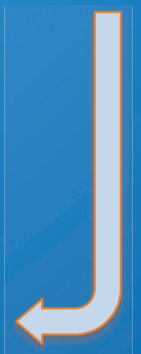
## Purpose of Study

Employing Bronfenbrenner's (1979) ecological systems theory, this research project focuses on early years teachers' collaborative practice in integrated working.



## Aims and Objectives

The project aims to investigate how early years teachers can be supported to participate in integrated working and manage challenges they may encounter when engaged in this activity.



## Method

A qualitative interview study was undertaken that sought the views of practitioners and teacher educators about integrated working. An interpretive paradigm was used to explore the participants' responses (Yin 2016).



## Data Analysis

Key themes emerged from thematic analysis of the participants' responses in the interviews following 'deep and prolonged data immersion, thoughtfulness and reflection' (Braun and Clarke 2019: 591)



## Findings

Research findings indicate the importance of a working environment that promotes open and respectful communication and trusting relationships; encourages innovation in pedagogical approaches and offers professional development opportunities that have relevance to specific contexts of practice.



## Conclusion

The project identifies three nested layers of support for early teachers' engagement in integrated working:

- Professional development
- School culture and mentoring
- Education policy



*Investigating  
how early  
years teachers  
can be  
supported to  
engage in  
integrated  
working*



Shirley Allen, Middlesex  
University

## References

Braun, V. and Clarke, V. (2019) Reflecting on reflexive thematic analysis, *Qualitative Research in Sport, Exercise and Health*, 11:4, 589-597

Bronfenbrenner, U. (1979) *The Ecology of Human Development*. Cambridge, MA: Harvard University Press.

Department for Health and Department for Education (2017) *Transforming children and young people's mental health provision: a green paper* Available at:

<http://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper> (accessed 22<sup>nd</sup> September 2018)

Edwards, A. (2010) *Being an expert professional practitioner: The relational turn in expertise*. Dordrecht: Springer.

Nutbrown, C. (2018) *Early Childhood Educational Research* London: Sage

Ofsted (2018) *The Annual Report of Her Majesty's Chief Inspector of Education, Children's Services and Skills 2017/18* Available at:

<https://www.gov.uk/government/publications/ofsted-annual-report-201718-education-childrens-services-and-skills/the-annual-report-of-her-majestys-chief-inspector-of-education-childrens-services-and-skills-201718> (Accessed 6th February 2019)

Wong, S. and Press, F. (2012) *The Art of Integration: Delivering Integrated Education, Care and Support Services for Young Children and their Families* NSW, Australia: The Infants' Home

Yin, R. (2016) *Qualitative Research from Start to Finish* (2<sup>nd</sup> edn.) New York: The Guildford Press

## 2. Feeling to Thought, Thought to Action: a Learning Journey

**NICKY LAMBERT<sup>1</sup>**

**Department of Mental Health and Social work, Middlesex University, London, UK**

*Nicky will be talking about the journey her D.Prof has taken her on, the opportunities and challenges it has presented and the progress made. She will talk about the types of learning that happen in a D.Prof and the ways that it can be a life-changing experience. She will be exploring this topic from the perspective of health and wellbeing, and considering the learning journey in terms of both the measurable and the hidden outputs that result from undertaking this form of study.*

*Academic productivity is often seen as the entire 'point' of learning at this level - however it is just one aspect of the journey. Outputs that impact practice are another outcome and one of ways that D.Profs are differentiated from other types of programme. This work has generated tangible benefits to the health and wellbeing of others and in addition, professional growth has occurred over the timespan of this project. Nicky will describe the ways the D.Prof has redefined the ways that she envisages her role and purpose as a nurse.*

*Of equal value, in terms of wellbeing, are the personal changes generated by the programme. Nicky will discuss the impact of evolving alongside your D.Prof, of getting through the bleak times and finding your voice.*

### **Notes on contributor**

***Nicky Lambert***

Nicky is an Associate Professor (Practice) at Middlesex University, where she is Director of Teaching and Learning for Mental Health and Social Work. She is registered as a Specialist Practitioner (NMC)

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and is a Senior Teaching Fellow (SFHEA). She is also a co-director of the [Centre for Coproduction in Mental Health and Social Care](#).

Nicky has worked across a range of mental health services both in the UK and internationally supporting staff and practice development in acute and mental health trusts, councils, businesses and charities. She is also a Trustee for West Hampstead Women's centre. Nicky has a professional Twitter feed: <https://twitter.com/niadla> (@niadla) and is keen that all people with an interest in mental health engage together as a community to support good practice and challenge discrimination. She has teaching and research interests in women's health, physical and mental health, co-production, social media and health education (**ORCID iD** [0000-0001-8785-4719](#))

Her Dprof journey began with a chance encounter with someone crying in a hospital corridor and is still unfolding. Her research began looking at the Experiences of Women with Mental and Physical Health Issues in Accessing and Receiving Care - a topic well within the remit of a mental health nurse. However it's taken her out of her comfort zone and on a journey as an educator, a writer, a broadcaster, a trustee, a spokesperson, and an activist.

# Enhancing Mental Health and Emotional Well-Being: The Impact of the Professional Doctorate

**Nicky Lambert:** Assoc. Prof. (Practice) at Middlesex University, and Dir. of Teaching and Learning for Mental Health and Social Work.

I am registered as a Specialist Practitioner (NMC) and a Senior Teaching Fellow (SFHEA). I am also co-director of the Centre for Coproduction in Mental Health and Social Care

This poster explores how working on a D.Prof has redefined the ways that I envisage my role and purpose as a nurse.

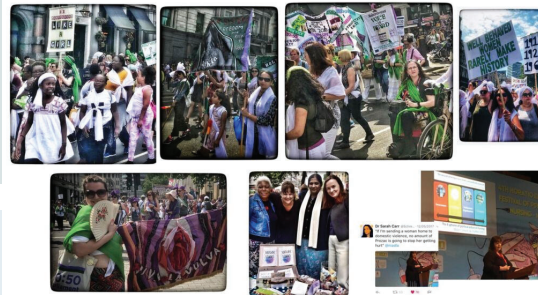
Academic productivity is often seen as the 'point' of learning at this level - arguably it is just one aspect of the journey. Outputs that impact practice are another outcome and one of ways that D.Profs are differentiated from other types of programme. My own work has generated tangible benefits to the health and wellbeing of others and in addition, it has also supported my professional development and this has linked symbiotically to personal growth which has occurred over the timespan of this project.

This poster was adapted from a talk which contends that in terms of wellbeing, recognising and celebrating the personal changes generated by the programme are equal value to the traditional outputs.

## Getting through the bleak times

*Developing your critical resilience and understanding your strengths and learning needs is key to any successful professional career. These skills often honed from the rigours of a long term applied project.*

- Build links to your community of learning and get a support team in place.
- Expect there to be low points and plan for them. Learn from other people's coping strategies.



## Finding your voice.

- **Engage with your research community.** Try to go to conferences (in person or follow along online), attend workshops, special interest groups... go anywhere practitioners from your area of interest meet.
- **Write whenever possible:** Blogs, articles, journalistic articles as well as peer reviewed work.
- **Say yes !** Present your work as often as you can, and for as many different audiences as possible - talk to the public as much as to your peers - use podcasts, festivals, talks.
- **Use Social Media:** link your tweets/Instagram etc. to your blogs, use infographics to make your ideas accessible, use platforms like The Conversation to connect your work to current concerns.
- **Don't be afraid to speak up on your topic** ... you have earned your expertise!

## Evolving alongside your D.Prof.

My D.prof journey began with a chance encounter with someone crying in a hospital corridor and is still unfolding. My research looks at the Experiences of Women with Mental and Physical Health Issues in Accessing and Receiving Care - a topic well within the remit of a mental health nurse.

However, my learning quickly removed me from my comfort zone and took me onto a journey with many new roles: as an educator, a writer, a broadcaster, a trustee, a spokesperson, and an activist. All of which have been equally valuable outputs.



Nicky has worked across a range of mental health services both in the UK and internationally supporting staff and practice development in acute and mental health trusts, councils, businesses and charities. She is also a Trustee for West Hampstead Women's centre.

Nicky has a professional Twitter feed:

[@niadla](https://twitter.com/niadla) and is keen that all people with an interest in mental health engage together as a community to support good practice and challenge discrimination.

She has teaching and research interests in women's health, physical and mental health, co-production, social media and health education





### **3. Monitoring Cardiovascular disease risk in people with serious mental illness (SMI) in inpatient mental health settings**

**HERBERT MWEBE <sup>1</sup>**

**Department of Mental Health and Social work, Middlesex University, London, UK**

*Serious mental illness (SMI) is associated with mortality rates up to three times higher than those in the general population. Severe mental disorders (such as schizophrenia, psychotic depression, bipolar and schizoaffective disorders) are debilitating and have complex symptoms (i.e. hallucinations, delusions, social dysfunction) which can be life-limiting. While increased suicide rates contribute to the high mortality rates in SMI), most of the increased mortality is due to natural causes, especially cardiovascular disease (CVD) and other chronic diseases (diabetes, respiratory-related complications, cancers). Life expectancy in SMI has been reported to be reduced by up to 25 years than in the general population.*

*Cardiovascular risk is greatly increased in people with serious mental illness with cardiovascular disease contributing to increased mortality and mortality rates in this patient population than other physical conditions. People with SMI are less likely to be offered physical health monitoring checks for cholesterol, glucose checks, blood pressure, pulse, weight measures and others. This focus of my Dprof research project is to explore the practice of mental health nurses in the monitoring of CVD risk factors in people with SMI in inpatient settings and their role in improving physical health needs of mental health service users.*

#### **References**

Baller JB, McGinty EE, Azrin ST. et al (2015) Screening for cardiovascular risk factors in adults with serious mental illness: a review of the evidence. Bio-Medical Central; Psychiatry.15:55

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<sup>1</sup> [h.mwebe@mdx.ac.uk](mailto:h.mwebe@mdx.ac.uk)

Care Quality Commission. (2017) Brief guide: Physical healthcare in mental health settings. CQC.

Holt, R. (2012) Cardiovascular disease and diabetes in people with severe mental illness: causes, consequences and pragmatic management. PCCJ Practice Review

Mangurian C, Newcomer JW, Modlin C & Schillinger D. (2016) Diabetes and Cardiovascular Care Among People with Severe Mental Illness: A Literature Review. Journal of General Internal Medicine;31(9):1083-91

Mwebe H. (2018). Serious mental illness and smoking cessation, British Journal of Mental Health Nursing; Vol. 7, No. 1, 39-46.

Mwebe, H & Roberts, D (Dr) (2019) Cardiovascular disease (CVD) risk in people with serious mental illness (SMI) taking psychotropic medication. A review of literature: British Journal of Mental Health Nursing. (Article accepted for publication).

#### **Notes on contributor**

##### ***Herbert Mwebe***

Herbert is a senior lecturer in mental health in the Department of Mental and Social work at Middlesex University. Herbert has teaching and research interest in improving physical health needs in people with serious mental illness and psychopharmacological interventions in adult mental health settings. The aim of Herbert's current doctoral research project is to explore the practice of mental health nurses in the management of CVD risk in people with serious mental illness.





# CARDIOMETABOLIC RISK MONITORING IN AN INPATIENT PSYCHIATRIC SETTING: A SECONDARY DATA ANALYSIS



Herbert Mwebe: Senior Lecturer; Department of Mental Health; School of Health & Education, Middlesex University



## 1. BACKGROUND

Poor physical health and multi-morbidity is common in SMI population. While preventative approaches (weight monitoring, smoking cessation, age appropriate screening interventions) in the developed countries has helped to lower CVD mortality/risk in the general public, in people with SMI the screening/monitoring of risk factors for metabolic disease and CVD is not always adequately and regularly done. The excess of death (50%+) in SMI is due to cardiovascular disease (CVD) and other physical conditions including diabetes, respiratory disorders. Mental health nurses are the largest frontline staff group and play a vital role in facilitating timely and opportunistic screening and monitoring activities to address cardiometabolic risk in SMI.

## 2. OBJECTIVES

- Explore MHNs' practice in the management of CVD risk in people with SMI
- To undertake a secondary data survey analysis of healthcare records allowing a general exploration of the practice regarding the recording of cardiometabolic risk in inpatients.
- Explore barriers to the management of CVD risk and make recommendations in relation to CVD risk management in people with SMI.

## 3. DATA SOURCES

A structured Ms Excel extraction data tool informed by best practice guidance ( RCPNHSE,CQC,LESTER TOOL, Accreditation for Inpatient Mental Health services (AIMS) was developed and used to extract electronic patient data on screening and monitoring of CVD risk factors across 10 inpatient psychiatric wards. A target sample of 245 electronic records from 10 inpatient wards of patients discharged between 25.8.2018-13.2.2019 with a length of inpatient stay> 40 days was examined. Simple random sampling (Ms excel random number generator) was used to select a final sample of 120 electronic records from a list of 245 RIO numbers based on above inclusion criteria and patients;

- Aged between 18 -80 years
- Currently taking psychotropic medication
- With a diagnosis of one of the following conditions psychosis, paranoid schizophrenia, major depression, dementia, bipolar disorder, mania, schizoaffective disorder & eating disorder (ICD codes(F29X;F200;F600;F312;F32.3;F323;F001;F259;F220;F42.9;F50.01/2;F31.2;F33.3;F32.3;F332;F23;F60.3;F239)

## 4. STUDY ELIGIBILITY & ANALYSIS

- All of the 120 records were subjected to a manual search to examine the quality/frequency of recording in terms of screening at baseline within 24 hours, monitoring review within 3 months of admission and evidence of follow-up interventions of CVD risk parameters (blood pressure, smoking and alcohol checks, weight/BMI, waist circumference (WC) (lipid and glycemic checks ( baseline within 7 days).
- Descriptive analysis was performed in MS Excel.

## 5. STUDY RESULTS

### Smoking

- 38%** (46 of the 120 patients )not assessed @ baseline; **61%** completed
- Improved recording & monitoring review evident within 3 months of admission (**83%**)
- 55%** recorded current smokers
- Only **17%** offered intervention; No intervention (**32%**)

### Alcohol

- 37%** not assessed @ baseline; **62%** completed
- Improved recording & monitoring review evident within 3 months of admission (**81%**)
- 54%** recorded current users of alcohol
- 33%** (problematic use) but only **10%** received intervention; No intervention (**23%**)

### BMI & Waist circumference (WC)

- 26%** not assessed @ baseline;
- Improved recording & monitoring review of BMI evident within 3 months (**98%**)
- 82%** did not have a consistent weekly weight recording completed.
- 48%** recorded with a BMI>25kgm2; only **26%** Vs **20%** were offered intervention
- 95%** did not have a recorded WC in 3 months of admission;
- 44%** of patients with BMI>25kgm2 did not have a recorded WC

### Blood Pressure

- 10%** not assessed @ baseline; **86%** completed
- Improved recording & monitoring review evident within 3 months of admission ( **100%**)
- 86%** of patients had SBP<140
- 14%** of patients had SBP>140mmhg
- 13%** of patients with SBP>140mmhg were offered an intervention-

### Blood lipids

- 41%** not assessed @ baseline; **36%** completed
- Improved recording & monitoring review evident within 3 months of admission -**76%**
- 12 patients had abnormal **cholesterol** levels
- 11 of the 12 patients** were offered intervention

### Blood glucose

- 23%** not assessed @ baseline; **16%** refused; **61%** completed
- Improved recording & monitoring evident within 3 months of admission- (**82%**) however ;
- 15%** of patients did not have a recorded glucose check at 3 months review
- 18%** of patients with diabetes/abnormal glucose levels were offered intervention
- 16%** not recorded/refused

### ECG monitoring

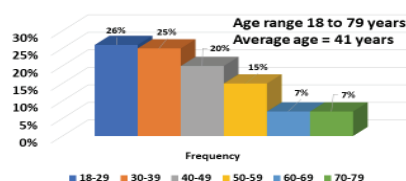
- 95%** had an ECG done in 3 month of admission; 3% not done; 2% refused
- All pts (6%) with a recorded abnormal ECGs had an intervention
- 25%** of pts over 50s had a recorded ECG completed
- 70%** of pts under 50s had a recorded ECG completed
- 38%** of female and Male (58%) pts had a recorded ECG

## 6. DEMOGRAPHICS

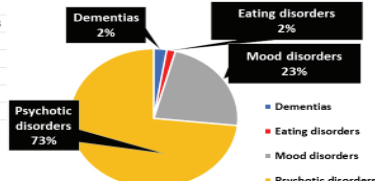
### Cardiovascular risk monitoring in SMI Retrospective analysis of 120 inpatient electronic records (2018-19)

#### Demographics

##### Patient demographics: Age range



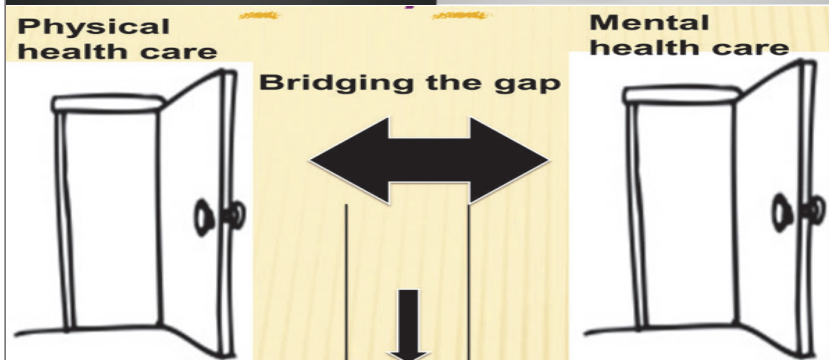
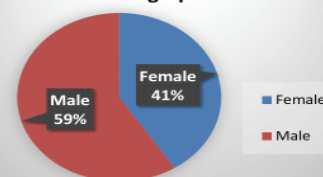
##### Patient demographics: Diagnoses



##### Patient demographics: Length of inpatient stay



##### Patient demographics: Gender



## IN INDIVIDUALS WITH SEVERE MENTAL ILLNESS

## 7. DISCUSSION

The Royal College of Psychiatrists and NICE guidelines (and Lester UK adaptive version tool kit) provides guidance for clinicians relating to assessment and monitoring of cardiometabolic parameters in individuals with SMI taking psychotropics. As a minimum, the guidance recommends that individuals with SMI should have a physical health assessment at baseline and at least once after 3 months including CVD risk management (and personal history of CVD. There was an average of 61% compliance of the documentation of data on all individual parameters at baseline and monitoring review at least once ( 86% compliance) across the parameters (smoking, alcohol, BMI, BP, Glucose and lipid, ECG) checks within 3 months of admission. 82% of the inpatients did not have a weekly weight record completed in the first six weeks. 95% of the inpatients did not have a recorded (WC) within 3 months of admission and 44% of pts with BMI>25kgm2 did not have a recorded WC. Lifestyle factors (smoking, unhealthy diets, alcohol use) need to be addressed collaboratively with patients, follow-up interventions following screening of unhealthy lifestyle behaviour was not always evident in the nurse-patient interactions. All of these modifiable risk factors most commonly reported in SMI are associated with physical medical complications e.g cancers, liver disease, obesity, mental illness, diabetes, hypertension. Mental health nurses and other mental health professionals should actively take a lead role to educate patients, monitor side effects of medications and monitor physical health and identify individual risk factors. Staff should be encouraged and prompted to use the Lester UK adaption tool to screen and monitor physical health risk parameters at baseline and during treatment

## 8. LIMITATIONS

Clinical data was often poorly recorded, dedicated physical health forms on RIO( Healthcare record systems) were often empty or partially completed. Nearly 95% of the data captured was done manually and extracted from the progress notes view on the RIO system. This presented challenges as the data was not centralised and rather cumbersome to filter from copious amount of patients notes which were not relevant to the study objectives.

## 9. CONCLUSIONS

The current practice of assessment and monitoring for CVD risk in the study setting appear to be in line with current guidance and standards of physical health monitoring of individuals with SMI. However, as per our findings, further improvement in relation to monitoring of all the parameters is still needed. At the time of the study, the NHS site where this study took place was undertaking a review of physical care practices including development of more robust and responsive physical care electronic recording systems to improve recording across inpatient and community setting. This is a much welcome intervention by the Trust because informal feedback from inpatient staff revealed various challenges staff experienced when using existing recording systems in place.



## **4. A randomised controlled trial exploring the effect of canine interaction on the emotional wellbeing of higher education students**

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*This study determines whether human canine interaction (HCI) is an effective intervention to reduce anxiety, depression and stress, alongside having a positive effect on wellbeing in Higher Education (HE) students.*

*Sixty HE Middlesex University students participated through opportunity sampling. Exclusion factors included a fear of, or allergy to dogs and if participants' had ever harmed an animal. Randomly assigned to either HCI or control group, the HCI group spent 10 minutes interacting with a small canine whereas the control group watched an unrelated power point presentation of neutral images for 10 minutes. All participants completed a range of standardised self-report questionnaires and visual analogue scales measuring anxiety, depression, stress and wellbeing, before and after their interaction.*

*The findings indicated anxiety (measured by State Trait Anxiety Inventory and the Depression, Anxiety and Stress Scale [DASS]), depression (measured by Becks Depression Inventory and VAS-Depression), and stress (measured by DASS and VAS-Stress) significantly reduced following HCI in the HCI group compared to the control group from pre to post-intervention. Self-Acceptance as measured by the RYFF significantly increased following intervention in the HCI group compared to the control group.*

*There were no significant differences between HCI and control group from pre to post-intervention for all remaining measures (DASS-Depression, VAS-Anxiety, CIS-Physical Activity,*

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*Fatigue and Concentration, RYFF-Autonomy, Environmental Mastery, Personal Growth, Positive Relations with others and Purpose In Life).*

*This research is important as HCI, though widely practiced globally, does not yet have the same quantity and quality of robust scientific research dedicated to the subject as the level of practical usage and current affairs might suggest. Findings demonstrate that HCI has a positive impact on human emotional wellbeing supporting HCI as a useful source of mental health support for HE students.*

# Canine Assisted Intervention – the impact of intervention duration on reducing anxiety, stress and depression in Higher Education students: a randomised control trial

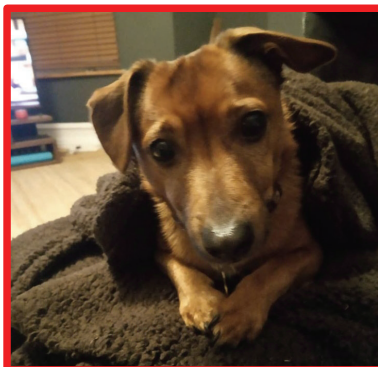
**Karen Manville, PhD Student**  
Middlesex University

**Dr. Gemma Reynolds, Director of Studies**  
Middlesex University

**Dr. Mark Coulson, Second Supervisor**  
University of East Anglia

## Background:

The number of Higher Education (HE) students experiencing some form of mental health issue has increased over the last decade (Thorley, 2017) significantly hindering academic success (Eisenberg, Golberstein, & Hunt, 2009). There are a number of reasons why students may face more issues during their time in HE, including increased tuition fees, living costs, a lack of employment, with social media pressure and influences also adding to their issues during their time in HE (Richardson, Elliott, & Roberts, 2015). Universities are therefore now more than ever aware of the need for alternative support systems to be in place to support HE students through their time in Higher Education. One way of enhancing student emotional well-being is through canine assisted intervention (CAI, Manville, Coulson, & Reynolds, under review). Interacting with a canine has been found to boost physical health and vitality, provide companionship and sensory stress relief (Headley, Na, & Zheng, 2008; Rowe 2010). Despite published studies exploring CAI in HE students (Barker, Barker, McCain, & Schubert, 2017; Binfet, Passmore, Cebry, Struik, & McKay, 2018), there is limited research focusing on HE students with both an experimental and a control group in a range of CAI durations.



Elvis and Dahlia, our canine partners.

## Current Study:

Critically, there is a lack of empirical research exploring the parameters of what exactly entails an effective canine intervention session. One such lack of detail involves how long the session must last in order to be most effective. While Adamle, Riley & Carlson (2009), Binfet & Passmore (2016) and Shearer, et al. (2016) all applied long periods of CAI in their samples of HE students (20, 45 and 60 minutes respectively) other research has demonstrated effectiveness even with shorter durations intervention time (Buttelmann & Römoke, 2014), therefore indicating discrepancies regarding the optimum CAI duration.

The current study therefore aims to establish the optimal duration of CAI in improving emotional well-being in HE students. In addition participants interaction levels and canine traits will be measured to explore whether there is an impact on the influence of CAI on mental health.

## Hypotheses:

Based on previous research demonstrating that 5 minutes (Buttelmann & Römoke, 2014) and 10 minutes (Manville, Coulson, & Reynolds, under review) CAI duration had a positive effect on HE student mental health, it is hypothesised a shorter duration intervention will have a positive effect on well-being, stress, anxiety and depression.

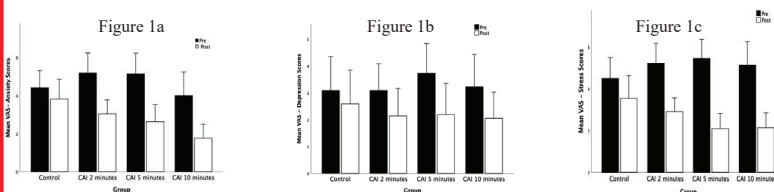
## Results:

1. 4(group: 2-minute, 5-minute, 10-minute CAI vs control) × 2(phase: pre vs post) mixed ANOVA was carried out in all measures.
2. Multiple regression was carried out to explore canine traits and interaction types as predictors of anxiety, stress, depression and well-being.

Analysis demonstrates CAI was effective pre to post-intervention in the 2-minute, 5-minute and 10-minute CAI groups in comparison to a no significant control group in reducing,

- 1). Anxiety as measured by the VAS and STAI
- 2). Depression as measured by the BDI
- 3). Stress as measured by the VAS
- 4). No significant effect on stress was measured by the PSS or well-being as measured by the WEMWBS
- 5.) Canine trait and interaction type was found to be a predictor on the increase in Well-Being levels in the 10-minute CAI groups
- 6.) Interaction type was found to be predictors of stress relief in the 2-minute CAI group

Most importantly it was demonstrated there was no significant difference in CAI effects found between either the 2-minute, 5-minute or 10-minute CAI groups.



Figures 1 a, b and c demonstrate pre and post VAS Anxiety, Depression and Stress scores in the CAI 2-minute, 5-minute and 10-minute groups and the control group.

## Method:

88 HE participants were randomly assigned to either the 2-minute, 5-minute or 10-minute canine intervention groups or the 10-minute control group.

Exclusion criteria included a fear of, or allergy towards dogs and if participants had ever harmed an animal.

- 1). Pre intervention: all participants completed three visual analogue scales (VAS, anxiety, stress and depression), the State Trait-Anxiety Inventory (STAI, anxiety), Becks Depression Inventory (BDI, depression), Perceived Stress Scale (PSS, stress), The Warwick- Edinburgh Mental Well-being Scale (WEMWBS, well-being), and an additional 8 VAS measures to identify canine traits.
- 2). Those in the CAI groups spent 2, 5 or 10 minutes interacting with a small canine whereas the control group watched an unrelated power point presentation of neutral images for 10 minutes.
- 3). Post intervention – all participants complete the same VAS and questionnaires to measure their post emotional state.

## Conclusion:

No difference in effect was identified between duration groups (2-minute, 5-minute, or 10-minute) signifying it is the act of interacting with a canine, rather than the duration of the intervention that influences mental health in HE students.

CAI is effective in reducing anxiety, stress and depression levels in HE students. Additionally canine trait and interaction type was found to be a predictor in increasing well-being levels and interaction type was found to be a predictor in reducing stress levels.

This has a significant impact on the application of CAI duration as a greater number of students may benefit from CAI given that shorter durations (2-minutes) are as effective as longer durations (10-minutes).

The results of this study positions CAI as a valid support system for students experiencing anxiety, stress and depression and as an intervention to support student mental health that universities can appropriate to build a healthier, more emotionally stable student body.

## References

- Adamle, K. N., Riley, T. A., & Carlson, T. (2009). Evaluating college student interest in pet therapy. *Journal of American College and Health*, 57(5), 545-548.
- Barker, S. B., Barker, R. T., McCain, N. L., & Schubert, C. M. (2016). A randomized cross-over exploratory study of the effect of visiting therapy dogs on college student stress before final exams. *Anthrozoos*, 29(1), 35-46.
- Binfet, J. T., & Passmore, H. A. (2016). Hounds and Homesickness: the effects of an animal assisted therapeutic intervention for first year university students. *Anthrozoos*, 29(3), 411-454.
- Binfet, J. T., Passmore, H. A., Cebry, A., Struik, K., & McKay, C. (2018). Reducing university students' stress through a drop-in canine-therapy program. *Journal of Mental Health*, 27(3), 197-204.
- Buttelmann, D., Römoke, A.K. (2013). Anxiety- Reducing effect: Dog, fish and plant in direct comparison. *Anthrozoos*, 27(2), 267-277.
- campuses in Canada. *Canadian Journal of Counselling and Psychotherapy*, 49(4), 332-259.
- Eisenberg, D., Golberstein, E., & Hunt J.B. (2009). Mental health and academic success in College. *The B.E. Journal of Economic Analysis & Policy*, 9(1), article 40.
- Headley, B., Na, F., & Zheng, R. (2008). Pet dogs benefit owners' health: a "natural experiment" in China. *Social Indicators Research*, 87(3), 481-493.
- Manville, K., Coulson, M., & Reynolds, G., (under review) The influence of canine visitation therapy on students' well-being.
- Richardson, T., Elliott, P., & Roberts, R. (2015). The impact of tuition fees amount on mental health over time in British students. *Journal of Public Health*, 37(3), 412-418.
- Rowe, S. (2010). The Health Benefits of Having a Pet. *Vibrant Life*, 26(6), 18-20.
- Thorley, T., ( 2017) Not by degrees: Improving student mental health in the UK's universities. Institute for Public Policy Research, <https://www.inpr.org/files/2017-09/not-by-degrees-summary-sept-2017-1.pdf>



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## **5. Exploring the impact on practice when Service users are involved in staff training on the prevention and management of violence and aggression in local NHS mental health inpatient wards**

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### ***Background***

*The involvement of mental health service users (SUs) in my team's prevention and management of violence and aggression (PMVA) training is a recognition of the contribution that the unique insights of people's lived experience can make to the development of practitioners. This research explores the influence of their contribution on staff practice.*

### ***Research Aim***

*To determine whether or not service users' contribution to PMVA training influences the way that staff manage disruptive incidents involving patients on the ward.*

### ***Objectives***

*To find out training participants' perspectives on PMVA before the service user session*

*To identify changes in perspectives if any as a result of the training*

*To determine the implementation and sustainability of changed perspectives in practice*

*To identify from previous SU training evaluation records intents to apply learning to practice.*

### ***Method***

*The descriptive phenomenological approach (Priest 2004) was adopted in collecting data from research participants. Two focus group interviews of ten new mental health inpatient*

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*ward staff and ten mental health final year students were conducted. Semi-structured interviews of ten experienced mental health inpatient ward staff were carried out. A review of a sample from 111 records of feedback from previous PMVA training participants was carried out.*

### **Findings**

- *The new staff and students were determined to reflect lessons from SU session in practice.*
- *The experienced staff were reflecting lessons from SU session in ward practices*
- *The previous evaluation records held expressed intentions by the participants to reflect lessons learnt from SU session in practice.*
- *There were challenges to the implementation of SU contribution such as staffing and environmental problems*

### **Conclusion**

*The study confirms findings from previous studies on service user involvement which claim that their involvement in the education and training of professionals has the potential to positively influence practice (Turnbull and Weeley 2013, Spencer et al. 2011).*

### **Impact:**

*The representation of service users in PMVA training is now an essential requirement (Ridley and Leitch 2019). This development promises a transformation of the way that physical restraint is perceived and taught and a positive impact on practice.*

### **Key messages:**

- *Acknowledge the potential rift between theoretical principles and practice*
- *Involve service users in training in order to motivate practitioners to translate theory into practice*

### **References**

Priest, H. (2004). 'Phenomenology'. Nurse Researcher. 11(4): p.4-6

Ridley, J. and Leitch, S. (2019). Restraint Reduction Network (RRN) Training Standards. First edition. Birmingham: BILD Publications.

Spencer, J. Godolphin, W. Karpenko, N. & Towle, A. (2011). Can patients be teachers? Involving patients and service users in healthcare professionals' education. The Health Foundation.

Turnbull, P. & Weeley, F. M. (2013). 'Service user involvement: inspiring student nurses to make a difference to patient care'. Nurse Education in Practice, 13, p.454-458



**Background:** The involvement of mental health service users (SUs) in my team's training on prevention and management of violence and aggression (PMVA) is a recognition of the contribution that the unique insights of people's lived experience can make to the development of practitioners. Their contribution to the training is powerful and has the potential to influence staff practice.

## Research Question

Can service users make a sustainable contribution to mental health staff practice in the prevention and management of violence and aggression through active participation in training and development?

## What did the researcher do?

*She* explored the impact on practice when Service users are involved in staff training on the prevention and management of violence and aggression in local NHS mental health inpatient wards

**Conclusion:** The study confirms findings from previous studies on service user involvement which claim that their involvement in the education and training of professionals has the potential to positively influence practice (Turnbull and Weeley 2013, Spencer et al. 2011).

**Impact:** The representation of service users in PMVA training is now an essential requirement (Ridley and Leitch 2019). This development promises a transformation of the way that physical restraint is perceived and taught and a positive impact on practice. **Key messages:** Acknowledge the potential rift between theoretical principles and practice. Involve service users in training in order to motivate practitioners to translate theory into practice.

## Exploring the impact on practice when service users are involved in staff training on the prevention and management of violence and aggression in local NHS mental health inpatient wards

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Supervisors:

[Dr. Catherine Kerr](#)

[Dr. Gordon Weller](#)

## Why explore the impact?

There is a dearth of literature on the impact on practice of service user involvement in the education and training of health and social care professionals (Alida et al. 2013, Chambers and Hickey 2012). The contribution of SUs to my team's PMVA training has never been evaluated. The findings will hopefully provide further evidence base to support a sustainable service user involvement in PMVA training delivery.

**Findings:** The new staff and students were determined to reflect lessons from SU session in practice. The experienced staff were reflecting lessons from SU session in ward practices. The previous evaluation records held expressed intentions by the participants to reflect lessons learnt from SU session in practice. There were challenges to the implementation of SU contribution such as staffing and environmental problems.

**Aim:** To determine whether or not service users' contribution to PMVA training influences the way that staff manage disruptive incidents involving patients on the ward.

**Objectives:** To find out training participants' perspectives on PMVA before the service user session, to identify changes in perspectives if any as a result of the training, to determine the implementation and sustainability of changed perspectives in practice and to identify from previous SU training evaluation records intents to apply learning into practice

**Data Analysis:** The thematic analytical method (Braun et al. 2018, Braun and Clarke 2013, 2006) was used for the analysis. Collaboration, criticality and reflexivity employed to enhance rigour (Ravitch and Carl 2021); Tape recorded responses cross-checked with written responses; Themes and categories cross-checked against colleagues'; Core themes used to present the findings and to guide the discussion.

**Method:** The descriptive phenomenological approach (Priest 2004) was adopted in collecting data from research participants. Two focus group interviews of ten new mental health inpatient ward staff and ten mental health final year students were conducted. Semi-structured interviews of ten experienced mental health inpatient ward staff were carried out. A review of a sample from 111 records of feedback from previous PMVA training participants was carried out.





## References:

- Alida, J. van der Ham• Laura, S. Shields• Roddy van der Horst• Jacqueline E. W. Broerse• Maurits, W. van Tulder. (2013). Facilitators and Barriers to Service User Involvement in Mental Health Guidelines: Lessons from The Netherlands. Springer Science + Business Media: New York
- Braun, V. & Clarke, V. (2006). 'Using thematic analysis in psychology'. Qualitative Research in Psychology. 3 (2). p.77-101. ISSN1478-0887
- Braun, V. & Clarke, V. (2013). Successful qualitative research: a practical guide for beginners. (1st Ed). University of Auckland, New Zealand and University of the West of England, UK. [Online]. Available from: <https://core.ac.uk/download/pdf/16706435.pdf> [Accessed 9th May 2019]
- Braun, V. Clarke, V. Hayfield, N & Terry, G. (2018). Thematic analysis, P. Liamputtong (ed.), Handbook of Research Methods in Health Social Sciences. Available from: [https://doi.org/10.1007/978-981-10-2779-6\\_103-1](https://doi.org/10.1007/978-981-10-2779-6_103-1) [Accessed 7th July 2019]
- Chambers, M & Hickey, G. (2012). Service user involvement in the design and delivery of education and training programmes leading to registration with the Health Professions Council. London. Kingston University and St George's, University of London. [Online]. Available from: <http://www.hpc-uk.org/assets/documents/10003A08Serviceuserinvolvementinthedesignanddeliveryofapprovedprogrammes.pdf> [Accessed 27th October 2018]
- Priest, H. (2004). 'Phenomenology'. Nurse Researcher. 11(4): p.4-6
- Ravitch, S. M. and Carl, N. M. (2021). Qualitative research - bridging the conceptual, theoretical, and methodological. (2<sup>nd</sup> edition). Los Angeles: Sage Publications, Inc.
- Ridley, J. and Leitch, S. (2019). Restraint Reduction Network (RRN) Training Standards. First edition. Birmingham: BILD Publications.
- Spencer, J. Godolphin, W. Karpenko, N. & Towle, A. (2011). Can patients be teachers? Involving patients and service users in healthcare professionals' education. The Health Foundation.
- Turnbull, P & Weeley, F. M. (2013). 'Service user involvement: inspiring student nurses to make a difference to patient care'. Nurse Education in Practice, 13, p.454-458

# **Enhancing Mental Health and Emotional Well-Being for Students and Staff: A Working Framework for Integrated Support**

**ANCA ALBA <sup>1</sup>**

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## *A preamble*

Recent years have seen an increase in the number of students reporting mental health problems. Distinctions have been made between diagnosed mental health conditions and mental health difficulties that are not diagnosed and support and treatment may therefore vary for these different groups of students. In this context, universities are seeing large numbers of students registering with specialist counselling and mental health services, with some universities reporting between 10 to 12 per cent of their entire student population applying for counselling every year.

One of the challenges universities face is that the evidence base for mental health interventions delivered in university settings to student populations, particularly remotely/online, is still limited. Most of the research distinguishes between clinical and non-clinical populations and a large proportion of studies focus mainly on common mental health disorders such as anxiety and depression. A recent meta-analysis of randomized controlled trials has found that e-mental health interventions can improve depression and anxiety symptoms, although the effect of these interventions on academic performance was discovered to be small and statistically non-significant (Bolinski et al., 2020). The findings suggested that very few studies measure academic performance. Other research has

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similarly found that app-supported interventions, although not replacing professional clinical services, can be effective in alleviating depression and anxiety symptoms in university students (Linardon et al., 2019). However, less is known about the mental and emotional well-being of students in a broader sense and about interventions for serious mental health disorders in students in higher education.

The message professional services seem to send is that the disparity between demand and capacity means that not all students can be supported by counsellors at universities. Aside from the limited capacity of counselling services, some students may require specialist treatment that is not available at university, in which case the students can be signposted or referred to external services. It is not uncommon for students to be open to multiple providers simultaneously in statutory services and at university and may be advised to access support with one service at a time.

Universities need to be transparent about the support available for students at university and its limitations. Universities could provide information to students about existing support elsewhere and make referrals to external services that provide the recommended or required support.

#### *Student communication around mental health difficulties*

Professional counselling services are not the only forum in which students talk about and share their experiences of mental health difficulties while they are at university. Regardless of whether students are directly asking for help for their mental health, they sometimes communicate distress or the experience of suicidal thoughts in many other ways and in many different forums: a) to their personal tutors in tutorials; b) to faculty staff including administrative staff; c) to other students and friends; d) to residential wardens; e) when completing mitigating circumstances forms when applying for coursework or exams extensions or other academic adjustments; f) via Twitter and other social media platforms such as Facebook and Instagram; g) in emails to university leadership staff; h) in applications

for funding (such as hardship funds); i) in appeals or complaints; j) to advisors or mentors in other student services (for example, money, housing, international students advisors etc.); k) admissions, funding offices, library services or security staff etc. Anyone in the university community, regardless of role, may become aware of a student who is experiencing and sharing difficulties related to their mental health and may need advice about how to support that student.

Moreover, students can formulate their mental health needs and distress using terminology that only a few years ago would have been found mainly or exclusively in clinical settings in the description of symptoms and pathologies. The content shared by students through all these channels, which often is shared online and not always with the explicit intent to seek help, can raise serious concerns about their safety and risk to self or others as well as their well-being and may need an urgent response from the staff reading or hearing of these concerns.

### *Serious concerns and information sharing*

This reality requires universities to be prepared at all levels to be able to identify and sensitively and compassionately respond in a timely fashion to such concerns. It seems important that universities have in place reliable cross-service processes and systems that work together to allow information sharing regarding students' mental health where there is a serious concern or identified risk to self or others. This information sharing would be on a need-to-know basis and in confidence with specialist services who can assess the students' needs and advise them of support available to them at university or elsewhere.

Many universities already have in place a central or single point of access for student referral and access within 24 to 48 hours to a mental health practitioner who can offer specialist assessment and advice. It is important that everyone at the university is made aware that such processes exist and encouraged to discuss concerns they may have about a student with a senior colleague or a line manager in the first instance.

Remote and online working in the context of a world-wide pandemic has brought new challenges for universities teaching and providing support to students who are not based in the UK. These students may not have access to crisis support, to a GP or to specialist mental health treatment. Moreover, legal limitations mean that university professional services are not able to provide the same level of therapeutic or clinical input to students who do not reside in the UK. Universities have had to adapt existing processes to consider these changes and propose alternative sources of support that all students can access remotely.

### *Integrated systems of support*

When thinking about the mental health support students might request or need, one often thinks about speaking to a counsellor, a psychologist or a psychiatrist and having counselling sessions. Whilst students seem to be more open to speaking to a professional about their problems than perhaps their parents or grandparents, counselling or psychological therapies are not always the first line of support needed or requested by students. The student might face practical problems that are directly impacting their well-being and mental health and may need assistance and advice around financial and housing worries, social isolation, difficult relationships with supervisors or other students, experiencing racism, harassment, discrimination and abuse or needing additional academic skills support.

One might argue that it is self-evident that an integrated approach makes sense, as mental health is directly linked to the material, social and other resources students have available to them including self-reliance and self-efficacy. However, translating the theoretical principle of integrated support in practice in a university setting is far more difficult given that university services, systems and processes have not been designed for that purpose. Existing systems of support such as pastoral support can vary greatly from faculty to faculty within one university, and pastoral support is often provided independently from other support services. Student services may themselves have different recording systems and no

other processes in place for joint working or sharing support plans for students with complex or multiple needs that are affecting their mental health and well-being.

An integrated approach to supporting students' mental health would allow all these separate systems and levels of support to connect, communicate and work together to support the student at all levels including academic, pastoral and specialist support level.

*What universities can do to ensure an integrated approach to student support:*

- create opportunities to connect professional services with academic support through regular meetings, faculty visits, shared online forums, shared training, cross service events
- provide guidelines and training to all staff regardless of role around supporting students experiencing mental health difficulties; rather than burdening staff with additional roles or tasks, the training could help them feel more confident in having a conversation with a student disclosing mental health difficulties, being aware of available support at university and signposting students to professional support
- provide clear information on their website from professional services about what is on offer and what service are not available to students
- include mental health practitioners with clinical experience in university settings in the decision-making process around organisational structures and development
- encourage professional services to participate in research, service evaluation projects and sharing good practice

## References

Bolinski, F., Boumparis, N., Kleiboer, A., Cuijpers, P., Ebert, D. D., & Riper, H. (2020). The effect of e-mental health interventions on academic performance in university and college students: A meta-analysis of randomized controlled trials. *Internet Interventions*, 100321.

Linardon, J., Cuijpers, P., Carlbring, P., Messer, M., & Fuller-Tyszkiewicz, M. (2019). The efficacy of app-supported smartphone interventions for mental health problems: A meta-analysis of randomized controlled trials. *World Psychiatry, 18*(3), 325-336.

# **Attending to Mental Health: Individuals, Systems, and the Potential Contribution of the Professional Doctorate**

**VANJA ORLANS**<sup>1</sup>

**Psychology Matters Ltd, UK**

The concept of 'mental health' is complex and is often defined as the absence of mental illness or mental distress. The literature detailing the different types of mental illness that need attention tends to be based in a powerful medical model rather than positioned within a psychosocial framework. This has led to some critical debates in the mental health field that highlight and promote a plea for a more contextual approach.

From a 'mental illness' perspective, and following the wide range of issues set out in publications such as the current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5, 2013) or the more recent version of the International Classification of Diseases (ICD-11, 2018) we could imagine that we were dealing with research based issues, definitive signs and symptoms within individuals, and guidelines for treatment planning for those concerned. However, while allowing these diagnostic systems to have some conceptual and clinical usefulness, we also need to attend carefully to a critique of these systems from the perspective of individual reductionism, an over reliance on objectivity and rationality, difficulties about the meaning and reliability of the research that is assumed to underpin these categorisations, and the

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lack of contextual exploration and understanding of presenting issues. Psychiatry and the DSM-5/ICD-11 are based on a medical model that holds a great deal of power. By contrast, it is essential, in my view, to focus on a more holistic and social model that highlights the relevance of contextual and environmental factors that underpin individual and system health and a sense of 'dis-ease'.

The latter perspective raises issues of scientific rationalism that promotes the language of deficiency. Critics in this tradition point to the idea of mental illness as a 'social myth' than can be used for the purpose of social control (e.g. McNamee and Gergen, 1992). Such writers argue that categorisation systems are not value free and are intrinsically linked to social processes. For example, the issue of homosexuality has had a long political struggle with different versions of the DSM system. Homosexuality was listed as a disorder up to DSM-II; in DSM-III this 'diagnosis' was changed to Ego Dystonic Homosexuality. It was not until DSM- III-R in 1987 that this 'disorder' was dropped (see, for example, Kutchins and Kirk, 1997).

Vanheule (2012) argued for an alternative to the DSM-5 as a support for interventions in psychological therapy. Pilgrim and McCranie (2013) offer a sociological analysis, highlighting the concepts of 'misery' versus 'happiness' and the lack of emphasis on the fact that emotions such as fear and sadness are with most of us quite a bit of the time – perhaps a lot of the time in the current COVID-19 environment. Paris (2013) argues for a more balanced and critical approach to issues described in the DSM-5, while the classic experiment of Rosenhan (1973) provides some interesting data on the possibility that madness, like beauty, might lie in the eye of the beholder. From this perspective, issues of mental health or emotional well-being need to be understood as not necessarily related to the absence of certain diagnostic symptoms. In terms of interventions, Paul Gilbert (2007), for example, has highlighted the need for a focus not just on individual deficits, but also on systemic, social and political processes. The Division of Clinical Psychology of the British Psychological Society (BPS, 2018) has produced a critical document on formulation and treatment that focuses on a Power, Threat, Meaning

Framework that aims to explore an individual's contextual and historical experiences and the phenomenological sense that the person has made of these.

From these perspectives, we can raise the question of how professional doctorates might contribute critically and ethically to such debates, both in theory and in the contribution to professional practices. A key notion for those involved in the management and supervision of professional doctorate projects could be described within the criterion of the 'so what' question. What difference could a proposed practitioner doctoral project potentially make to professional, organisational, or social practice, and importantly to the practice of the professional who is undertaking this research? The idea of 'the product' in the professional doctorate centres on this issue and can be considered within the realms of philosophical, theoretical, methodological, and ethical challenges. Candidates who engage in a professional doctorate are usually arriving with questions that have arisen within their own practice setting. This makes the undertaking of such a doctorate profoundly reflexive, opening the way for contextual change.

By way of highlighting some relevant contributions that incorporate the ideas outlined above I would like to draw attention to a few projects that may be of interest. My own doctoral work focused on the experience of stress in organisations. In several consulting projects that I had undertaken I noticed that there was a strange dynamic at work whereby stress appeared to be passed around the organisation. In effect, it seemed as if 'stress' moved from one desk to another, often surreptitiously! As a result of my project work I proposed that issues of stress needed to be approached from individual, group and organisational perspectives if the difficulties were likely to be resolved in an ethical and appropriately practical way (e.g. Orlans, 1986, 1991).

My approach was subsequently reflected in projects where I would, for example, help an organisation develop a useful counselling service for employees. I always argued that the service needed to be evaluated contextually. This meant that 'problems' that

presented themselves in the confidential consulting room with the counsellor needed to be appropriately analysed in a form that located a number of difficulties with the employee and retrieved a number of others for the attention of senior management as group or organisational issues. I also outlined a strategic methodology to undertaking this in an ethical way that honoured the confidentiality established between a counsellor and their client. My experience was that consent for such an approach was actively welcomed by employees as a way of avoiding turning organisational issues into individual pathology.

Of the many doctoral projects that I have supervised, we can also see a similar focus on contextual factors in which individual problems can be located. For example, Dr Anita Sattar- Jenkins (Sattar-Jenkins, 2019) conducted her research on Asian mothers who gave birth in the NHS in the absence of maternal support. Her project highlighted the important need for the NHS to attend to cultural and language factors in the interactions with Asian mothers and to become much more knowledgeable about the importance of family factors; it also highlighted the role of men and women in Asian culture in relation to birth processes and the need to review and expand the nature of the service available to new mothers. In the course of her doctoral work she had policy discussions about strategic implications for the NHS on the need for attention to cultural factors and the implications for the mental health of patients.

Dr Hannah Cruttenden (Cruttenden, 2019) undertook a narrative study on the experience of older/oldest old adults of the loss of an adult child. This work highlighted the ways in which older adults are often ignored by the care systems in terms of their need to talk with someone about their experiences, the ways in which a phenomenological understanding is potentially key to a more effective approach, and the fact that, going forward, our social systems shall be dealing with a far greater number of older adult issues. This work highlighted the importance of an interpersonal context where phenomenological experience is both respected and supported. At present, such a process based perspective is generally not part of the NHS culture.

Dr Tarun Pamneja undertook a qualitative study of patients in the NHS who had been diagnosed with 'psychosis' (Pamneja, 2018). He conducted in-depth interviews with both patients and their psychiatrists about their respective experiences of the presenting issues and of the experiences of patient and psychiatrist of each other. The project highlighted the need for a greater understanding of both the patient's and the psychiatrist's experience in the understanding of the phenomena of psychosis, the tensions in perspectives that can ensue from a structural perspective within the environment of the NHS, and the need for a shift to a more intersubjective and interpersonal form of relating. Projects such as the ones that I have outlined are also aligned with the position set out by the recent BPS Report on a *Power, Threat, Meaning Framework* in the exploration and analysis of psychological and emotional difficulties (BPS, 2018) and the fact that a diagnosis of 'psychosis' is often related to early and chronic trauma.

I have many other examples of this kind of practitioner research that I have supervised or managed within the DCPsych doctoral programme at Metanoia Institute that have taken such a critical perspective on the subject of mental health and that successfully sought to locate the individual within a contextual frame. What follows from this kind of approach is a much more grounded perspective on relevant treatment and interventions that also often requires a strategic perspective on service delivery. In my view, at a doctoral level of investigation such a critical analysis is crucial, coupled with the professional doctorate's emphasis on the 'so what' question, where knowledge for its own sake is not enough, and where action and useful intervention is a part of the doctoral frame. From such a perspective we can also develop social and policy changes that can potentially bring a more appropriate, effective, and ethical approach to the issue of mental health and emotional well-being.

## References

BPS (2018) *The Power, Threat, Meaning Framework: Overview*. Division of Clinical

Psychology, Leicester: The British Psychological Society.

Cruttenden, H. (2020) *What is it like to be bereaved of an adult child in old age?* DCPsych Thesis, Middlesex University/Metanoia Institute.

American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders: DSM-5*. Washington, DC: American Psychiatric Publishing.

Gilbert, P. (2007). *Psychotherapy for Counselling and Depression* (3rd edition). London: Sage.

World Health Organization. (2018) *International Classification of Diseases for Mortality and Morbidity Statistics* (11th Revision, ICD-11). Retrieved from <https://icd.who.int/browse11/l-m/en>

Kutchins, H. and Kirk, S. A. (1997) *Making Us Crazy: The Psychiatric Bible and the Creation of Mental Disorders*. London: Constable.

McNamee, S. and Gergen, K. J. (Eds.) (1992) *Therapy as Social Construction*. London: Sage.

Orlans, V. (1986) Counselling Services in Organisations, *Personnel Review*, 15, (5), 19-23.

Orlans, V. (1991) Stress in Voluntary and Non-profit Organizations. In Batsleer, J., Cornforth, C. & Paton, R. (Eds.) *Issues in Voluntary and Non-profit Management*. Wokingham, England: Addison-Wesley/The Open University, 121-133.

Pamneja, Tarun (2018) *Conflict within psychosis treatment in the English NHS: Investigating the experiences of patients and psychiatrists*. DCPsych thesis, Middlesex University/Metanoia Institute.

Paris (2013) *The Intelligent Clinician's Guide to the DSM-5*. Oxford: Oxford University Press.

Pilgrim and McCranie (2013) *Recovery and Mental Health: A Critical Sociological Account*. London: Palgrave Macmillan.

Rosenhan, D. L. (1973) On being sane in insane places. *Science*, 179, 250-258.

Sattar-Jenkins, Anita (2019) *Motherhood and the absence of maternal support: An exploration amongst Asian women*. DCPsych thesis, Middlesex University/Metanoia Institute.

Vanheule, S. (2012) Diagnosis in the field of psychotherapy: A plea for an alternative to the DSM-5. *Psychology and Psychotherapy: Theory, Research and Practice*, 85, 128-142.

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Vanja has many years of experience in higher education and in the design and development of professional doctorates. Until recently, she was Senior Director of Studies and Programme Leader of the Doctorate in Counselling Psychology and Psychotherapy by Professional studies (DCPsych) at Metanoia institute, a joint programme with Middlesex University. She was also a Research Tutor and Supervisor on this programme and has seen many candidates through the development and completion of complex projects. Over her professional career she has worked extensively with individuals and organisations, consulting and teaching as well as running a psychotherapy and consulting practice in North London. She also continues to supervise doctoral research projects. Vanja has published widely in both the clinical and organisational fields.

# **Challenges and contributions in supervising professional doctorates for experienced practitioners**

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## **Introduction: The excitement and challenge of professional doctorates**

The advent of professional doctorates for experienced practitioners has created an opportunity for those who have already made a contribution to practice to add to the knowledge base of their discipline (Garnett, Costley and Workman, 2009). This has generated exciting research addressing fundamental questions in practice and client services. Drawing upon their experience has opened questions that were unlikely to be asked by junior colleagues undertaking traditional PhD research.

However, this has raised significant challenges for how we approach supervision with such colleagues. They bring expertise in their area but may have little knowledge of research methods. Our understanding of how expertise develops over the period of a career has increased and we can recognise that the purpose of supervision for experienced colleagues includes working within areas in which they are novices, are competent and are expert (Cavanagh, Stern and Lane, 2015). We can draw upon the literature on expert practice and developmental phases to assist our understanding of the challenges they and we face (Ericsson, 2006).

Professional practice has become more complex, expertise is now challenged and the autonomy once enjoyed has been replaced by change in status from

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independent to employee for many (Lane and Corrie, 2006). The lenses we use to understand ways of seeing practice through the perspective of individual, interpersonal and systemic approaches have also emerged as a challenge to traditional codified knowledge. The process for providing service to clients has become similarly complex. Therefore, we need to be able to look at supervision of professional practice in terms of diverse purpose, perspectives and process (Cavanagh, Stern and Lane, 2012).

There has been increasing interest in the idea that we should view practice not in terms of individual competence but as part of socio-material practices in the context in which they occur (Nicolini, 2012). The idea of considering practices opens the possibility of seeking to define the practices which inform supervision. There is a parallel dialogue emerging when we look at mental health and well-being. While diagnostic systems based on individual symptomatology have been dominate these are challenged by broader biopsychosocial perspectives on health. It is now possible to view well-being and mental health from individual, interpersonal and systemic perspectives (Corrie and Lane 2021).

Drawing together the experiences of professional doctorate candidates and the issues they face and the pressures of current practice creates the possibility of new contributions to our understanding of mental health and well-being as well as the supervision of research in these areas.

### **A model for reviewing the practices involved in supervision**

The practices we use arise from three key themes that govern our work as supervisors.

#### *1. What is our purpose?*

This covers the purpose of the work for the candidate, the supervisor and other stakeholders. A shared concern must be developed to encompass the varied



assumptions made so that differences of purpose can be addressed to ensure a viable collaborative journey. With experienced practitioners this is not necessarily a simple task. They are not a novice dependent on the goodwill of the supervisor or perhaps working as an assistant within a research team. They come with their own expertise, perhaps more so than the supervisor. As an expert they bring capabilities that enable them to see possibilities that would not be available to a novice. This expertise also can lead them into cognitive bias since they may be over confident in the rightness of their position. However, they may also be at the same time novices in the intricacies of research and make assumptions about what is and what is not a viable research question that as supervisors we will need to challenge. There may be other areas where they have a degree of competence that enables them to quickly complete tasks set. There is an increasing understanding that professionals may go through a series of developmental stages and the support they need to progress varies according to the stage within their journey (Stoltenberg and McNeill, 2010). We have then to think about the purpose of the research and their stage of development. At a minimum we need to consider the areas in which they are a novice, competent or expert. The practices suitable to support them will vary accordingly. Useful questions for supervisors to help them to consider include:

**Where do I want to get to?**

- What does being a doctorate candidate mean to me?
- What do I consider to be my purpose in working towards a doctorate?
- What makes this worthwhile to me and other stakeholders?
- How have I developed this viewpoint?
- Where do I want to get to – professionally and personally – as a result of this journey?
- What has influenced my professional and personal aspirations to undertake a doctorate?
- How well do my professional and personal aspirations add up to an explicit, cohesive and achievable doctorate?

- Have I shared these aspirations with anyone else - my peers and supervisors?
- What are the possible pros and cons of sharing my aspirations?

## *2. What perspectives inform the shared purpose?*

Depending on the developmental stage (novice, competent practitioner, expert) that the candidate brings, different levels of sophistication will apply to the perspectives that they are drawing upon to inform their journey. It is often the case that expert candidates bring an inter-disciplinary understanding to their enquiry based on long experience of the complexity of professional practice. This can represent a challenge to the single discipline supervisor who may be unfamiliar with the perspectives encountered. In areas of practice such as mental health professionals have often adopted an individual approach to distress. It is seen as being within the person and activity has been directed to individual change. Yet, as professional practice in mental health as well as other areas has faced an increasingly volatile, uncertain, complex and ambiguous future (Boulton, Allen and Bowman, 2015, Cavanagh and Lane, 2012, Corrie and Lane, 2021, Taleb, 2012) it is recognised that we have to draw upon broader perspectives including interpersonal and systems levels of understanding. This opens up a wide range of research perspectives but also necessarily introduces considerable complexity into the definition of purpose and perspectives that may inform the journey (Lane and Corrie, 2006).

Useful questions include:

### **What do I have to do to get to where I want to be?**

- What ideas currently influence my journey?
- What do I need to do to seek wider perspectives of value to my journey?
- What development issues might these raise for me to address?
- What needs to happen next?

- How can I use a self-development plan to best effect for my journey?
- Compared to where I want to get to, both professionally and personally, how well am I doing now?
- What tools, resources and people are available to help me assess my capabilities and achievements?
- What could I audit myself against?
- What external standards/examples are there that might be of use to me?

*3. What process will be necessary to complete my journey?*

Essentially supervision consists of three (as a minimum) process elements. We work with candidates to develop their capabilities as researchers and in practice doctorates and also as professionals. This is sometimes called the formative or developmental role of the supervisor. It is typically about developing skills or building upon existing skills. The second key role is that of building the quality of their performance as researchers/professionals. This is sometimes called the normative function of supervision ensuring that candidates understand what an effective performance looks like and can learn to reliably meet that standard. The third and most difficult of the roles is where we need to challenge the beliefs and assumptions they hold. We help them to explore the paradigms they are using, challenge them and transform their ways of seeing the world. They are seeking to innovate to produce original and significant work. This will potentially involve moving to new uncomfortable positions. This can disrupt their thinking and be a cause of considerable stress. It is sometimes called the restorative role as supervisors will often have to assist the candidates through a very difficult period in their journey. Useful questions include:

**What is the next step and how will I know when I get there?**

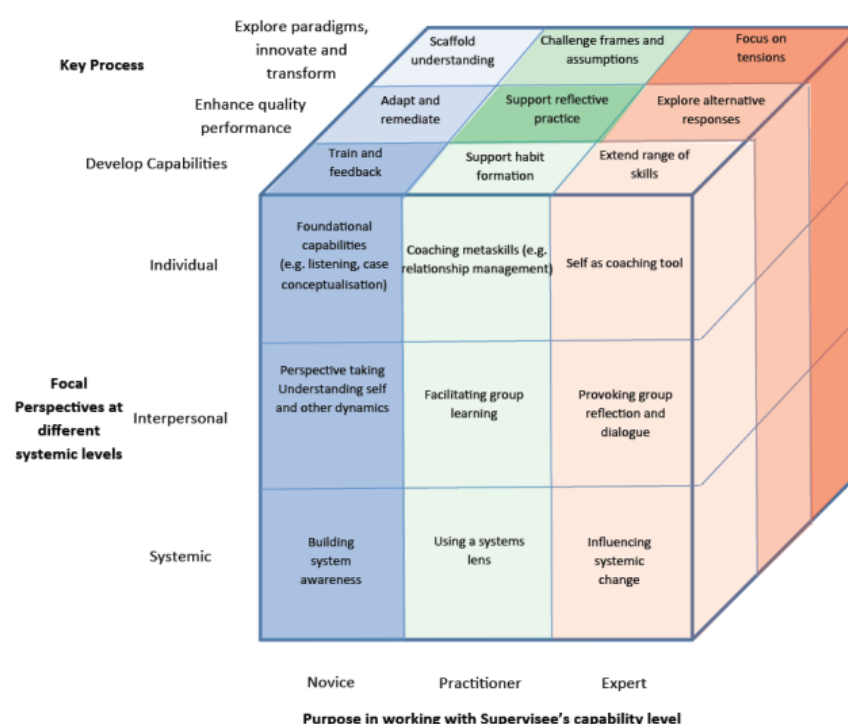
- How often should I audit my capabilities and achievements?
- What is the best way to document my assessment and audit my process?
- How often do I need to reassess my professional and personal standards?

- How can I develop my willingness to explore challenging ideas or areas of practice?
- Within my practice can I develop systems to encourage others to become actively involved in my professional development and be willing to challenge my approach?

This gives us three dialogues for supervision - that of purpose, perspective and process and within these the respective developmental positions (novice, competent, expert), focal perspectives (individual, interpersonal, systemic) and key processes (developing capabilities, enhancing quality performance, exploring paradigms, innovation, transformation).

Combining these dialogues and positions creates 27 potential supervisory practices. The 27 practices are not fixed but rather emerge as relevant to the particular social and material assemblage involved. Thus, supervisor and candidate build the practices that make sense for them in the context of the project. The practices listed below arose from an analysis of the work of three experienced supervisors looking at some cases and commonly emerging practices. The case study that follows illustrates this process of emergence.

Table 1. Coaching Supervision Cube - Combining Dialogues



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## Understanding practices

There is an increasing recognition that the social world consists of practices. That is, the human activities and the process of establishing meaning occur within social and material assembles which are made and remade in space and time using tools, discourse, our bodies and organisational activities. Thus, to understand supervision we have to define the processes, sources of meaning making and purposes in terms

of a performed activity (Nicolini, 2012). We move away from the popular notion of understanding our work as defined by supervisory competences towards understanding the performances undertaken which are embodied in both the material and social realm (Lane, 2020). As we move from an individualistic to a situated sociocultural view of learning we have to take account (Fenwick and Nerland, 2014) of environments within which learning takes place and therefore it is always situated in activities in given settings and communities in time and space. The cube above, by combining the meaning making activity of purpose, perspective and process, enables the assembly of such tools, concepts, people and organisational factors that can generate the performed activity of supervision. Each block within the cube represents a performed activity, that is, a practice, as it emerges in a particular space and time. We have to recognise in the encounter what is happening inside, what is happening outside and what is happening over time.

Below is an example of a candidate undergoing supervision for a practice based doctorate as part of a cohort. Each member of the cohort has shared as well as individual concerns they wish to explore. The example draws upon material published by Middlesex University looking at journeys in higher education, and in particular practice based doctorates (see Garnett, Costley and Workman, 2009).

### **A case example**

The Royal College of Veterinary Surgeons (RCVS) wished to develop a framework of education in General Practice for Vets. There was no existing research framework for establishing this so RCVS and the Society of Practising Veterinary Surgeons (SPVS) approached the Professional Development Foundation (PDF) to explore this area. Through the Institute for Work Based Learning at Middlesex University a research-led programme was established to bring a group of eight experienced Vets together to agree an overall purpose for the work which was then split into individual topics each contributing to the outcome for a Master's degree. Core themes from that work were further explored in five practice doctorates. This paper explores the

issues that arose in supervision interpreted in terms of the supervision cube (see Table 1 above).

### **Starting with Purpose**

The candidate is highly experienced and expert in the field of veterinary general practice which is the subject of the research. As a researcher having completed a master's project there is a level of research competence. However, in terms of a complex doctorate level of research they are a novice. The research purpose is to contribute one element to an overall group strategic piece of research involving both the participants, other members of veterinary teams in several practices, their peers in the doctorate cohorts and the professional body. The aim is to create a model for general practice that can become a nationally available award in this area. The overall purpose was to explore practice based on a series of studies of patterns of activity and identification of necessary skills, knowledge and capabilities for engaging in work as an advanced practitioner. The purpose of the supervision was to enable the candidate to develop necessary capabilities, to understand the complexities of researching the field and to provide guidance on appropriate standards.

### **Exploring perspectives**

This is a very involved piece of research looking at individual practices - beliefs and activities. However, these take place in a team context involving several interpersonal interactions (vet with other staff, vet with human client, vet with animal, animal and client with reception staff and nurses) in a specific physical space involving several material activities as well as social interactions. The performed act investigated in the research thus involves the perspectives of individual actors and what they bring into the space, the activity between them as it plays out in the interactions and the acts that follow the event resulting in changed behaviour from the animal and human client. However, the research is intended to understand the performance as an activity having implications for the systems within which general veterinary practice happens. The intent is to impact the future patterns of activity

that will be proposed to the professional body as a result of the work and which will, therefore, have to take into account systemic influences on practice. Candidate and supervisor need to explore the perspectives that could inform the research activity to ensure that the issues are fully understood and that it is possible to contribute to the evidence base for the discipline.

### **Considering process of supervision**

The conversation between them about purpose and perspectives provides some clarity for the candidate and supervisor on the areas they need to address in terms of process they may use in the supervisory activity to ensure an appropriate performance. The candidate started the dialogue by looking at the relational aspects of working with the individual participants. So, in the cube they considered what foundational capabilities would be required. They decided that the candidate had the necessary understanding and also was fully aware of the metaskills necessary for relational management. Less certain was the question of managing those individual relationships as part of a complex research project (the expert level) and therefore they decided that some work would be needed to extend skills in this area. So, the process needed for developing capabilities was one of extending an existing skills base into a new area of activity.

The second initial area that the candidate wished to explore was the possibility of some group based reflections between the veterinary teams to explore areas of practice. They had experience of working within teams in their own practice setting and felt competent to run group learning experiences at an interpersonal level. However, given that the research was going to involve challenging thinking about practice they felt uncertain that they had the skills to provoke and challenge in a group situation in a way that would be safe for participants. So, in term of enhancing the quality of their performance they agreed that some further work on supporting reflective practice as a process would be necessary.



They started to discuss influencing the system and considering how they could adopt a systems lens on the work. Some reading around this was agreed. The question of how to influence system change at the expert level was left for a future stage in the supervision. They also discussed exploration of paradigms. It was clear from the outset that there could be some challenge to existing frames and assumptions for the participants. This was an area that the candidate was uncomfortable with at this stage, so some work was agreed on how to scaffold understanding with a view to them developing challenge processes. It was recognised that this might indeed create tensions at the systems level since there were existing vested interests which might oppose this work. Learning how to lean into and build on tension and create a generative dialogue that could accommodate differing views was seen as a possible further area for supervision in the future.

At each stage of the research different issues emerged at the individual, interpersonal and systemic levels and the expertise of the candidate to meet the purpose of the research gradually developed. The process used varied depending on the level of expertise they held in the issues raised. Some involved direct teaching of skills, some building reflective practice and some learning how to use tension to create change. The key is that the practices will vary in time and space. Hence the practices outlined above will emerge from dialogue around the purpose of the work, the development stage of the practitioner, and the process that enables them to engage fully in different ways as the work progressed.

## **Conclusion**

Practitioners deal with an increasingly complex world and practice based research has to reflect that, it cannot work on rigorous application of defined protocols. Much of our working context is concerned with non-linear and complex situations (Cavanagh and Lane, 2012). We cannot always apply simple linear supervision models that do not recognise the emergent nature of the activity. This potentially creates a problem for a view of the science-practice divide as one built on a narrow

scientism rather than the phenomenology that underlines the material world we seek to understand (Salkovskis, 2002):

“Modern science, then, challenges the notion of an ordered and objective reality which we can uncover with increasingly sophisticated techniques. Its Purpose is to understand the non-linear relationships that characterise complex systems, including human ones. Its Perspective is that aiming for prediction and control is a misleading basis upon which to build a science. The task is a holistic endeavour in which we seek to facilitate connections that might enhance self-organisation. The critical determiner is relationship because the universe evolves in the Process of our interacting with it.”

(Lane and Corrie, 2006, pp. 86)

If the task is a more holistic endeavour our role as supervisors is to facilitate these connections. We seek to provide a narrative framework for the supervision process in that is individualised and self-reflective (Lane and Corrie, 2006). However, if we are going to view supervision in terms of practices, those practices should also be both reflexively and relationally narrated (Lane, Kahn and Chapman, 2016). We must pay close attention to the contextual factors that impact on the construction of our practice and be willing to entertain a range of ways of knowing. Our supervision practice is socially constructed in conversations with our supervisees not predetermined by us or by the dictates of a specific approach. We are seeking to enable our supervisees to become more articulate (Stengers, 1997). Nicolini (2012) has drawn out key implications of Stengers’ approach which are relevant to the complexity of professional practice and therefore our approach to supervising research on practice. He argues that being articulate is to be able to appreciate differences that matter. This creates the possibility of making new and even enlightening connections between things of the world. Good research on practice is generative not eliminativist, thereby, increasing our capacity to make connections. Hence as supervisors adopting good science we do not close down the possible connections in order to operate a limited model that pre-defines what is and is not worthy of exploration (Lane, 2017).

Nicolini (2012) argues that all science is performative and constructivist. Thus, if we think about the supervision of research it requires engaging with the world of practice in a way that gives it a chance to bite us. If we are to understand any practice (supervision in this case) we get close to the activity at hand and build, or slice, the world in terms of the practices. Our theory/method must become articulate and offer our candidates resources for building supervision narratives that plot the world of practice in all its complexity – not using ready-made plots to stitch it together.

## References

Boulton, J.G., Allen, P.M. & Bowman, C. (2015). *Embracing complexity: strategic perspectives for an age of turbulence*. Oxford: Oxford University Press.

Cavanagh, M. & Lane, D. (2012). Coaching Psychology Coming of Age: The challenges we face in the messy world of complexity? *International Coaching Psychology Review*, 7(1), pp.75-90.

Cavanagh, M. Stern, L. & Lane, D. A. (2016). Coaching supervision: A systemic developmental psychological perspective. In D. A. Lane, M. H. Watts and S. Corrie, (2016) *Supervision in the Psychological Professions Building your Own Personalised Model*, Maidenhead: OU Press

Ericsson, K. A. (2006). An Introduction to the Cambridge Handbook of Expertise and Expert Performance: Its Development, Organization and Content, in K. A. Ericsson, N. Charness, P. J. Feltovich, P. J. and R. R. Hoffman, R. R. (2006) *The Cambridge Handbook of Expertise and Expert Performance*, New York: Cambridge University Press.

Fenwick, T. & Nerland, M. (2014). Introduction: Sociomaterial professional knowing, work arrangements and responsibility: new times, new concepts, In T. Fenwick and M. Nerland, (2014). *Reconceptualising Professional Learning Sociomaterial knowledges, practices and responsibilities*, Abingdon: Routledge. p, 1-8.

Lane, D.A. & Corrie, S. (2006) *The Modern Scientist-Practitioner: A Guide to Practice in Psychology*. Hove: Routledge.

Lane, D., Kahn, M.S. & Chapman, L. (2016) 'Understanding adult learning as part of an approach to coaching', in S. Palmer and A. Whybrow (eds), *Handbook of Coaching Psychology* Abingdon: Routledge. pp369-380

Nicolini, D. (2012). *Practice Theory, Work and Organization An Introduction*, Oxford: Oxford University Press.

Salkovskis, P. M. (2002). Empirically grounded clinical interventions: cognitive-behavioural therapy progresses through a multi-dimensional approach to clinical science. *Behavioural and Cognitive Psychotherapy*, 30: 3-9.

Stengers, I. (1997). *Power and Invention: Situating Science*, Minneapolis: University of Minneapolis Press.

Stoltenberg, C. D. & McNeill, B. (2010). *IDM supervision: An Integrative Developmental Model for Supervising Counsellors and Therapists*, New York: Routledge.

Taleb, N.N. (2012). *Antifragile: things that gain from disorder*. London: Penguin

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