

# HOP for Health Professionals

## HOP-HP

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Funded by



The British  
Psychological Society

Promoting excellence in psychology

# Context



- In UK (nearly) all health professionals trained and employed by National Health Service (NHS)
- Source of national pride and key political focus
- Increasingly culture of continuous restructuring, funding cuts, market & target driven

# Stage 1 of HOP-HP: HOP-CP (HOP for Clinical Psychologists)

## Clinical Psychology in the UK

- Division of Clinical Psychology  
(part of BPS)
- Training funded by NHS
- Highly regarded
- Entry to profession highly competitive



# History of 'Us and Them'



# But all is not well...

Three national surveys conducted in 2015

## BPS/ New Savoy Conference

- >1300 'psychological professionals'
- 46% report feeling depressed over past week
- 70% find their job stressful
- ➔ Charter for Psychological Staff Wellbeing & Resilience

## UCL/DCP Survey of Qualified CPs

- 678 clinical psychologists
- 63% reported past or current lived experience, mainly depression and anxiety
- 11% had disclosed to noone, 38% to peers/colleagues, and 26% to employers
- Main reasons for non-disclosure: fear of being judged negatively; impact on career; shame; impact on self-image

## UCL Survey of Trainee CPs

- 564 clinical psychologists in training
- 67% reported lived experience, of these 29% current, again mainly anxiety & depression
- Disclosure to course staff and/or clinical supervisor least likely
- "Feel I will be seen negatively by course staff if they are aware I am struggling" "I wouldn't tell because I wouldn't want to be sent on leave or patronised"

THE TIMES

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## Chances are your NHS psychologist is depressed too

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## Confessions of a depressed psychologist: I'm in a darker place than my patients

Last week it was reported that almost half of NHS psychologists should be on the couch themselves - an astonishing 46 per cent suffer from symptoms of depression, according to a survey by the British Psychological Society. Here, a psychologist with substantial

# Key Aims of HOP-CP

- Tackle stigma within profession and normalise experiences of distress
- Challenge 'us and them' dichotomy
- Address risks to wellbeing of CPs who conceal their mental health problems- access to support and effective treatments compromised due to fears about risk of damage to their professional standing and employment
- Risk to fitness to practise and service user wellbeing
- Ultimately contribute to challenging mental health stigma within society

## HOP-CP

- Across whole profession, qualified and in training

### **Considerations:**

- How to manage anonymity vs confidentiality in pilot
- Self-Help or Guided Self-Help?
- Mechanisms for peer support?

### **Three Stages:**

1. Development Phase (April 2016 to Feb 2017)

Participatory approach, Experts by Experience

2. Pilot RCT (March 2017 – Dec 2017)

3. Dissemination & Wider Implementation (Jan 2018 +)



# Setting

- Positioned as Independent Research at UCL
- Pathfinder Site for Implementation of 'BPS Charter for Psychological Staff Wellbeing & Resilience'
- Funded by DCP
- Reporting to DCP and BPS leadership
- Link with *Time to Change*
- ?Collaboration with Royal College Psychiatrists
- Discussion with WISE in Wisconsin re Piloting?

# Stakeholder Groups

- Clinical psychologists who declared interest in preceding survey (N=36)
- Trainee clinical psychologists
- Expert by experience group of BPS

## Involved in:

- Workbook adaptation
- Process of delivering workbook and administering measures
- How to manage anonymity vs confidentiality
- Tie in with peer support, support via BPS and info on employment rights

# Method

- Adapt manual and workbook so that suitable as self-guided workbook (3 lessons plus booster)
- Incorporate feedback from Rüsçh et al.'s pilot
- Amend language, assume prior knowledge and use real life examples from stakeholders
- Collect outcome data at baseline, after lesson 3, and follow-up
- Collect process and qualitative data via completed workbooks
- Provide option of engaging in peer support

# Outcomes

Mostly in line with Rüsçh et al.:

- Stigma stress\*\* (1ary outcome)

2ndary outcomes

- Self-stigma
- Empowerment – which scale?
- Disclosure related distress\*
- Secrecy\*
- Perceived benefits of disclosure\*

Considering:

- Drop disclosure related self-efficacy
- But measure perfectionism as confounder
- What about data gathered during intervention, e.g. Personal Empowerment Self-Assessment?

# Future Plans

- Expand to HOP-MHP to HOP-HP?
- Collaboration with RCP and RCN
- Collaboration with other researchers?
- Trial funding?

# HOP-CP UCL Research Team

Katrina Scior – Project Lead & Research Lead

Henry Clements – Lead for Development of Self-Help version of HOP

Anna Hildebrand & Harriett Mills- Postgraduate Research Students

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