

Developing emotional intelligence, resilience and skills for maintaining personal wellbeing in students of health and social care

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Introduction

This resource sheet has been developed by the Mental Health in Higher Education project (mhhe), in conjunction with the Social Policy and Social Work Subject Centre of the Higher Education Academy (SWAP). It aims to raise awareness of the need for a focus on: developing emotional intelligence, enhancing resilience and those qualities that underpin it, and maintaining personal wellbeing for students who will become practitioners in health and social care. It outlines the rationale for highlighting these issues across the disciplines, and provides some pointers to examples of current practice and resources.

The issues

Health and social care students will, on entry to the workplace, face a range of emotionally demanding situations. Service users and their families may be facing highly distressing circumstances and will at times be distraught, angry or depressed. In order to provide a sensitive yet bounded response, those in professional education need to take the first steps towards understanding their own emotional resources, their individual stress 'warning signs' and how to access support. This will be important both whilst at university and on entry to a practice setting. Moreover, it will equip students with an awareness and range of skills that can grow and evolve throughout their professional (and personal) lives.

Students entering education for the 'helping professions' may well be motivated by experience, often in their own families, of illness, trauma or loss. Whilst such experiences can be an asset in facilitating appropriate self-disclosure and 'tuning' in to the concerns of service users, avoiding over-identification requires considerable understanding, self awareness and emotional intelligence. Additionally, being a student in a higher education context can itself be stressful (Burgess et al 2009; Collins et al, 2008; Barlow & Hall, 2007); students benefit from learning to understand their own responses to change and how to access help and support if needed.

Health and social care workplaces can be extremely stressful. Cuts in services and an increasing emphasis on procedurally driven models can create tensions for workers. Bullying has been identified as a concern. Students need to be prepared not only to look after their own wellbeing,

but that of colleagues they may work with in the future.

There is a growing awareness amongst educators of the need for these issues to be addressed (Freshwater & Stickley, 2004; and see reference list below), spurred on by the writings of those, like Louise Pembroke, who have experience of using as well as providing services:

“As a service user, activist and someone who has worked in mental health service provision I feel confidence in someone who knows their limits and can face their vulnerabilities. Students who believe themselves to be invulnerable scare the hell out of me because when life compromises their ability to cope - as it does for everyone - then they will have a long way to fall personally. Professionally, if people believe themselves to be invulnerable then how does this position them in relation to a service user who is unable to cope?” (Pembroke, 2010)

Practitioners who have an awareness of their own vulnerability are better positioned to help other people. Moreover, they are more likely to be able to remain in post, as Mike Bush who has himself experienced major mental health problems reminds us:

“Over thirty years ago I trained to do a very demanding, stressful job as a social worker. During my training there was nothing taught on the course relating to the importance of looking after ourselves. All the emphasis was on understanding and meeting the needs of service users and carers and of course although this is our raison d’être it is all too easy to forget about our own needs in the pressure to meet the needs of others and to do so can lead to drastic consequences”.

Mike’s experience as a student was over three decades ago. Service users and carers are now engaged, across all disciplines, in education for health and social care. Yet how much has really changed? The involvement of service users and carers, which has done so much to challenge stigma and break down barriers, can paradoxically contribute to a process of ‘othering’ – developing an ‘us’ and ‘them’ mentality - if not also accompanied by some acknowledgement of our own humanity and associated vulnerabilities. Tracey Holley actively encourages debate in this area:

“In my work as service user educator and recently survivor educator I endeavour to emphasise, via my subjective approach, that although we are all individuals; we all share the commonality of existence of what it is to be human. From my journey - my odyssey even - from victim to survivor, I have developed the ‘Shared Humanness’ model. It illustrates how the emotional intelligence and appropriate self disclosure from the professional work hand in hand with connecting with people, thereby leveling the playing field between the service provider and the service user. Such practice results in a professionalism that is based on rapport and engagement rather than on power and containment”. (Adapted from Holley, 2007)

Current initiatives

Educators, across the disciplines in higher education are beginning to develop approaches to learning and teaching which address the issues raised above. It is hoped that the examples below will provide inspiration and a starting point for initiatives in other disciplines and institutions.

1. Self care skills in social work education

On social work programmes in the Yorkshire area, Mike Bush who is a qualified social worker and service user educator, runs sessions for students with the aim of enabling them to 'develop a mindful appreciation of their own mental and emotional health needs and why this needs to be integrated into their practice as social care workers'. Topics covered include stress, diet, sleep, exercise, ecotherapy and how to deal with bullying at work. Contact: Mike Bush, crossbear4953@yahoo.co.uk

2. The person in the professional

At UEA (Norwich) the MA social work students undertake modules on learning about, sustaining and using the 'client' within themselves. Through a series of self-awareness exercises they reflect on their life experiences and relationships and, in small groups, they are encouraged to consider how their personhood can be brought creatively into their professionhood in such a way that they are able to use their self and offer it as a resource to their clients. This self-awareness work is informed by theory about relationship based social work and the use of self. See Hennessey (2011) for further details. Contact: Roger Hennessey, r.hennessey@uea.ac.uk

3. Researching and building resilience

At the University of Bedfordshire an ongoing programme of research is examining the individual factors that underpin resilience and how this important quality can be enhanced at an early stage in social work training (Kinman & Grant, 2010). Emotional intelligence and associated competencies, such as reflective ability and appropriate empathy, have been identified as key factors that predict resilience and, ultimately, wellbeing in trainees. The research has informed a series of interventions to promote wellbeing and resilience in social workers. In particular "Wellbeing Days" feature training in Cognitive Behavioural Therapy (CBT) and thinking skills, action planning, mindfulness and relaxation, peer coaching, reflective supervision and time management. They provide trainees with an internal "tool-box" of strategies for coping more effectively with stress in their future career. Contact: Louise Grant, louise.grant@beds.ac.uk and Gail Kinman, gail.kinman@beds.ac.uk

4. 'I don't want to be looked after by doctors who can't look after themselves'

The above quote comes from a mental health service user who attended a workshop (funded by the HEA subject centre for Medicine, Dentistry and Veterinary Medicine) at the University of Leeds. As a result, communication skills training for medical students begins with an exercise in which students are asked individually to focus on an event or time that made them feel upset,

anxious, stressed or distressed. They are asked what it was like, what they did to look after themselves and what strategies were helpful or unhelpful. They then identify a time when a friend was in difficulty, what they did to help and, on reflection, what was helpful and unhelpful. In groups of 3 or 4 – and finally in a large group – they then explore the connections between what we do ourselves when we are upset or distressed and what we can do for other people. This allows for discussion of professional helping roles as well as issues of burnout and peer support etc.

Contact: Andrea McGoverin, a.m.mcgoverin@leeds.ac.uk

4. Identifying safe harbours

At Glyndwr University, originally devised for the nursing programme and later adopted by other courses, a project was devised which required students and staff to familiarise themselves with support services for students experiencing stress and distress within a higher education context (Mottershead, 2009). By improving students' awareness of the safe harbours that they can take refuge in at times of distress, their chances of completing the course successfully increased.

Contact: Rich Mottershead, r.mottershead@glyndwr.ac.uk

5. Working and learning in the 'place of not knowing'

At the University of Salford, groups of student nurses are asked to paint a picture representing their work with a service user (Warne & McAndrew, 2010). They are asked to use colour to capture the feelings they believed the person was experiencing. Once this picture is completed the student is then asked to paint his/her self into the picture, using colour to reflect their feelings when with the person and to give thought to their proximity to them. Using broad principles of psychoanalytic theory, these paintings and their related narrative provide powerful case studies for the exploration of the complexities, difficulties, challenges and rewards in working and learning in the place between 'knowledge' and 'knowing': the place of not knowing.

Contact: Tony Warne, a.r.warne@salford.ac.uk

6. Service user mentoring

At the University of Worcester, on the mental health nursing programme, a service user was attached to each intake of students (acting as Associate Lecturer). Working alongside a tutor, they followed the intake through the whole of their three years. The service user was involved in mentoring and providing support to students. One module each semester was run by the year tutor together with the service user. Although there was not an explicit focus on resilience and/or emotional intelligence, this model created a supportive developmental thread for students through what can be a demanding course. It drew on the PhD work of a team member (Evans, 2008).

Contact: Debbie Evans, d.evans@worc.ac.uk

7. Keeping research survivor informed

Louise Pembroke works as a non academic supervisor, helping clinical psychology research students to ensure a survivor informed focus to their work. Her role has many aspects: from

looking at research invitations and interview schedules, through advising on appropriate forums and avenues from her experience in the field, to providing emotional support throughout the process and in relation to the viva at the end. See Pembroke (2010) for further details.

8. Mindfulness approaches

In a recent contribution to mhhe's call for 'burning issues in learning and teaching about mental health', Jim Rogers (2011) made the case for teaching Mindfulness to social work students – arguing that it may offer several related, important and proven benefits. Firstly it provides a therapeutic tool, which is being shown to be one of the most promising interventions in the field of mental health. Secondly it provides a simple and powerful practice for maintaining personal well being for the student as they progress on their journey through training and into practice.

Contact: Jim Rogers, jrogers@lincoln.ac.uk

9. The things we value

On the mental health nursing programme at the University of Central Lancashire students undertaking a communications skills module are encouraged to bring in an 'aesthetic' object – a song, poem or picture for example -which has some meaningful personal resonance for them (nothing too 'heavy'). These are used to springboard small group discussion about personal feelings and lead into an appreciation of empathy as a communicative act - together with skills such as active listening and the provision of feedback etc. This exercise has been incorporated into two days with a mixture of lectures and activities such as watching and reacting to a selected film and reading and critically discussing selected poetry. Discussions include service users from the Comensus project. See Hogarth et al (2010) for more detail as well as a discussion of the service user organised one-in-four film festival, which incorporates discussion of the emotional impact of the films. Contact: Mick McKeown, mmckeown@uclan.ac.uk

10. Spirituality and Faith in Social Work

Social Work students across the three intakes of students at Staffordshire University were invited by Professors Bernard Moss and Peter Gilbert to take part in a workshop on Spirituality. About 20 students from across the three years took part. The seminar started with introductions and (in an exercise similar to the one described above) each person took it in turns to present a spiritual object they had brought with them and talk about its significance to them. Items included a statuette of the Buddha, brought back from a trip to Thailand; a picture of an island where one student had grown up; a photo of a family group where one family member had died suddenly and a personal bible. Each narrative was allowed to unfold; gentle, respectful questions elicited honest and sometimes emotional responses. The second part of the day was a more formal exploration of the importance of Spirituality and Faith in Social Work. Contact: Peter Gilbert, pgilbert@gilbert88.fsbusiness.co.uk

11. Connecting, Listening, Understanding, Educating and Encouraging (CLUEE)

At the University of Brighton, service users and carers are helping student nurses to reflect upon and share their own experience of mental health and mental health problems in a safe and supportive environment. In addition to acquiring basic knowledge of mental health – using the CLUEE model - these students (who specialise in other branches of nursing), are encouraged to engage in self care activities after each session as a way of supporting their own wellbeing (Jeeawock & Morris, 2011). Lecturers are open about their own experiences of mental health problems, which further helps to break down barriers. Contact: Charlotte Morris, cm147@brighton.ac.uk

References and resources

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Web resources

www.bemindful.co.uk

Website related to the Mental Health Foundation mindfulness campaign.

www.mentalwealthuk.com

Mental Wealth UK – promoting positive wellbeing on campuses and beyond

www.mhhe.heacademy.ac.uk/studentmentalhealth

Mental Health in Higher Education website – student mental health pages

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