Minding the gaps: A research project exploring the effectiveness of North Staffs Mind Adult Counselling Service

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Abstract

Introduction: In the UK almost 50% of illness diagnosed among working age adults is mental distress, with depression and chronic anxiety cited as the two most prevalent psychological illnesses. However, only 24% of those who experience anxiety and depression, consistent with diagnoses, receive National Health Service (NHS) interventions. Effective mental health care is predicated on understanding the lived experiences of those using services in order to provide sensitively-attuned therapy. An understanding of the process of counselling and what makes it effective will only be achieved through hearing the voices of service users. However, with regard to counselling, the literature foregrounding the perspectives of those using services remains sparse. **Method:** This paper reports on a qualitative research project, adopting a case study approach, the aim of which was to explore detailed narratives of the experiences of people who had used a voluntary sector mental health counselling service in order to elicit the strengths and/or opportunities for improvement of the service. Twelve participants, five males and seven females, were interviewed on a one to one basis and six themes were identified; Mindful of the Gap; Easing like Sunday Morning; Magic Moments; Love is in the Air; Lighting up a Future and Following up the Changes: Spreading the Word. **Results:** Findings suggest the service is beneficial, with therapeutic interventions being tailor-made to meet the person's needs and one which ensures a safe environment and compassionate care for those in distress.

Key Words: counselling, mental illness, compassionate care, case study research, service users

Introduction

In the UK almost 50% of illness diagnosed among working age adults can be attributed to mental distress (London School of Economic (LSE), 2012). Depression and chronic anxiety are the two most prevalent mental illnesses in the UK, accounting for approximately £12 billion a year in lost revenue (Layard, 2006). In 2012, 11.6 per 100,000 population completed suicide, equating to 5,981 deaths in those 15 years old and above (Office of National Statistics (ONS), 2014). Although recognition is given regarding the differences between mild and major depression, the latter has a high association with suicide (MIND, 2013). While targets for 2015-16 require the NHS to provide therapy**,** through the Improving Access to Psychological Therapies (IAPT) programme, for 75% of people within 6 weeks of referral and 95% of people within 18 weeks, only 24% of those experiencing anxiety and depression receive intervention (DoH, 2015). Voluntary sector mental health services often address gaps in statutory provision, for those who experience psychological distress.

Effective mental health care is predicated on understanding the lived experiences of those using services in order to provide sensitively-attuned therapy (McAndrew et al., 2014). Twenty years ago, the Mental Health Foundation (1997) suggested people who require mental health services need: somewhere to feel safe and accepted, a place where there is someone to talk to when distressed, help to manage feelings, and support from someone who is willing to listen. Whilst contemporary mental health providers are orientated towards improving outcomes for those who use services, these are not always person centred. For example, service users accessing therapeutic interventions via IAPT are likely to be referred for cognitive behaviour therapy with little or no negotiation. It is only through hearing their voices that an understanding of the process of counselling and how it works will be achieved (McAndrew et al., 2014). However, with regard to counselling, the evidence-based literature foregrounding the perspectives of those using services remains sparse (McAndrew et al., 2014). This paper reports on a project exploring the narrative accounts of those who use a voluntary mental health service.

Reviewing the literature

Service user involvement is not a new phenomenon. Over the past 25 years, service user

involvement in clinical settings, professional education and health and social care research has continuously gathered momentum, becoming an implicit part of good practice for a range of statutory and non-statutory organisations. The service user movement has been particularly pro-active within mental health, often being seen as the way forward in helping to develop a contemporary agenda within health and social care (Chambers & Hickey, 2012,). In keeping with this ethos, a review of the literature undertaken for this study focused only on those papers including a service user perspective.

To identify such papers a rapid review of the literature was undertaken, allowing for a quick sifting out of inappropriate research and to establish an overview of available evidence. While terms used to describe service users (for example, clients, consumers) and therapy (counselling, psychotherapy, therapeutic engagement) were combined to search databases including, MEDLINE (R), PsychINFO, PsycARTICLES Full Text and PsycEXTRA, CINAHL and ASSIA, and inclusion criteria was also used to capture relevant studies. This included papers: (1) written from the client's perspective, (2) in the English language and (3) published from 1990 (approximate time of the start of the service user movement) to present. A synopsis of the findings of the rapid review is offered below.

Since 1990 one systematic review has been published, Hodgetts and Wright (2007), who focused on client perspectives, and identifying five core issues: helpful aspects of therapy; therapist advice and problem solving; client's understandings/expectations of approach; reflexive aspects, such as self-disclosure, and processes developed from 'bottom-up' enquiry. These core issues reaffirmed clients, who experience their therapist as personable, caring and competent, are likely to have a more favourable outcome (Hodgetts & Wright, 2007).

In addition to the above review, the literature suggests for service users two important areas when engaging therapeutically: the characteristics and skills of the counsellor and the therapeutic environment.

Counsellor characteristics and skills

The strength of the therapeutic relationship can determine the outcome of therapy, with the therapeutic alliance playing a central role in ensuring success (Bamling & King, 2001; Bachelor, 2013). A consensus of evidence suggests the quality of the relationship impacts on the counselling being perceived as positive (Hodgetts & Wright, 2007; Horvath, 2011; Oliveira et

al., 2012; Mooney et al., 2014). However, it is the counsellor's 'being' that appears to be of fundamental importance in the creation of the therapeutic relationship (Mearns et al., 2013) and therefore, as a person, how s/he relates to the client is a vital factor influencing therapeutic outcome.

Clients value a collaborative relationship, especially when the therapist sees the person, rather than a diagnosis (Glass & Arnkoff, 2000). A non-judgmental attitude has been found to considerably enhance the therapeutic alliance (Hilsenroth & Cromer, 2007). Clients also value therapists' ability to deal with difficult and strong emotions, whilst showing a willingness to explore sensitive situations and provide comfort (Glass & Arnkoff, 2000; Oliveira et al., 2012). Likewise, knowing that the counsellor remains constant and reliable offers the client reassurance that it is safe to work at an emotional depth that might otherwise be avoided (Mearns & Cooper, 2005).

In terms of counsellor skills, the most helpful elements appear to be a therapist who listens and shows understanding (Glass & Arnkoff, 2000; Duncan & Miller, 2000; Clarke et al., 2004; Fitzpatrick et al., 2009; Gostas et al., 2012; Jones, et al., 2015). From the available evidence being listened to conveys the idea that the therapist is paying attention to the client, reinforcing to the client that they are being heard.

A counselling environment

To facilitate disclosure, clients need to have a safe space to talk and express themselves, with flexibility within the sessions to meet their individual needs (Gallagher et al., 2005; Omylinska-Thurston & Cooper, 2014; Simonsen & Cooper, 2015). Clients attribute greater value to having the opportunity to share emotions in a safe environment that promotes self-reflection and self-knowledge (Lilliengren & Werbart, 2005). Many clients experience freedom and relief when being able to talk openly, without censor, and without fear of upsetting the recipient (Lambert, 2007). Having the temporal space also appears to be important. McManus et al. (2010) identified having time to consolidate gains is an important aspect of counselling, while Cape et al. (2010) caution that results are poorer for time limited therapies in primary care compared with therapies of longer duration. Also, for some, the actual time in session and the frequency of sessions are aspects of therapy clients would prefer to change (Glass & Arnkoff ,2000; Barkham et al., 2006; von Below & Werbart, 2012).

While the above are facilitative aspects of therapy, it is the client, as an active agent of change, who is primarily responsible for changes that take place during the therapeutic encounter (Cooper, 2008), thus largely determining therapeutic outcome (Miller et al., 2008). In light of the above, and within the context of this voluntary organisation, therapy and therapist might most usefully be evaluated by the client, with such knowledge being harnessed to ensure we learn what makes counselling effective for those who are experiencing psychological distress.

Rationale

The organisation

This voluntary sector organisation provides counselling to adults who experience mental health problems. In 2012/13 the Adult Counselling target for ongoing sessions offered was 7,200. The total number of new clients within this period was 1,246, of which 1,127 were offered ongoing appointments. The service is provided by paid staff and qualified volunteers, with sessional staff being called upon when the budget allows. During 2012/13 the average waiting time between assessment and ongoing counselling was approximately 10 weeks, with those considered to be a priority starting counselling within 4 weeks of their initial appointment. Of those attending the service; 53% were female and 47% male, 97% were white British, age distribution: 18-25 – 20%; 26-35 – 29%; 36-45 – 24%; 46- 65-25%; 65+ - 2%. In a sample of 200 people attending for counselling 86.5% were identified as experiencing anxiety and 78.5% depression; with 19.5% having suicidal ideation (XXXX, 2013). Whilst such statistical information is useful to assess the level of service being offered, the organisation wanted more in-depth knowledge regarding the impact of the service on the lives of those who had used it, in order to provide greater insight and understanding of the value of the service at both a personal and community level. Therefore, the aim of the study was to explore the experiences of people who have used a voluntary sector mental health adult counselling service in order to elicit the strengths of and opportunities for improving the service.

Methodology

This qualitative research project collected data from service users, enabling the researchers to focus on understanding issues pertinent to individuals and the organisation. Narrative accounts can be used to challenge a theory, and is ideal for in-depth understanding of an

individual's experience against the backdrop of an organisation (Creswell et al., 2007). Through hearing the individual's account of their lived experience in the context of their social world, an understanding can be gained of how each person locates him/herself in relation to their internal and external worlds (Mason, 1996), in this instance their experience of having received counselling within this voluntary counselling organisation.

Ethical approval was granted via the Research, Engagement and Innovation Panel, University of Salford, ref HSCR 15/38.

Recruitment

A purposive sample was used. It was agreed with the organisation, that within the given timeframe of the project, the researchers would aim to recruit approximately 1% of the total new referrals for 2012/13, equating to 10-12 people who had made use of the service. Potential participants were recruited via the organisation's database. All those aged 18 and above, who had completed their counselling within the previous 12 months were sent a letter of invitation asking if they would be interested in participating in the research. The same invitation appeared on the website. Those who respond positively, were sent a participant information sheet, providing more detailed information, and asked to contact the researchers directly if they wished to discuss any of the information further before making their decision.

Participants

Twelve people participated, five males and seven females. All were white British. The characteristics of those participating were reflective of the clients seen at the organisation. All participants had experience of intervention from NHS services either through admission to hospital and community care. Prior to participating, all participants were asked to sign a consent form before being interviewed.

Data Collection

Narrative interviewing was the main approach for data collection. Narrative offers the participant a topic area and an open forum to tell their story in their own way without researcher restriction (Riessman, 2008). Interviews were carried out by members of the research team, using an opening gambit of 'please just tell me about your experiences of your counselling'. Where the participant found the open nature of this challenging a structured first question was asked 'what aspects of the counselling do you think enabled you to talk about

things that were worrying you?' Data was collected via face-to-face interviews at a venue agreed between the participant and the researcher. Interviews were audio-taped and lasted around 1 hour, with a short, off the record, debriefing opportunity at the end of each interview.

Data analysis

Audio-tapes were transcribed and the researchers' initially analysed each transcript for story content. Following this, individually each researcher looked across transcripts to identify uniqueness and/or commonalities within the analysed stories. This allowed for individual stories regarding the experience of the counselling service to be told as well as identifying common themes that can be used to harness what has worked well for those using the service and where improvements might be made. Once transcripts were considered by each researcher, a meeting was arranged to discuss their individual analysis and to negotiate themes believed to best represent the collective findings.

Findings and Discussion

The findings presented represent the six common themes identified across the 12 narratives; *'Mindful of the Gap'; 'Easing like Sunday Morning'; 'Magic Moments'; 'Love is in the Air'; 'Lighting up a Future'* and *'Following up the Changes: Spreading the Word'*. The names of the participants included in the next section are pseudonyms.

'Mindful of the Gap'

It appeared from the data the organisation was filling an important gap evident within current NHS mental health care. A number of the participants talked of their previous involvement with NHS mental health services, whether through admission/s to hospital and/or community care and the inadequacy of the interventions offered.

"The second time I struggled with my life, the NHS system, in my opinion, was struggling even more and they offered me a telephone service, for want of a better word, like they would ring you up at a set time. Now, that system I found totally inadequate." (Chris)

Likewise, the inflexibility of NHS services was concerning;

"I didn't find CBT anything like my counselling. I couldn't sort of divulge a lot of the things like what had happened because all I could think of was, you've only got her [therapist] *until March*" (Sandra)

In some instances, participants' attending for therapy sessions via statutory services were

directed towards this voluntary counselling service by their therapist, as this was seen as a way of extending psychotherapeutic support. However, being referred to this organisation appeared to be a positive experience for all the participants, as it offered something more than they had previously experienced. Brian reiterates what was said when he first met his counsellor;

"I am going to help you and we are going to fix this and I am not going [counselor] *until it is done and that is kind of how it felt. And that was very unusual for me to experience, because in the past it has always been, as I said earlier, a quick fix or a short term course"* (Brian)

A major difference in the way voluntary and statutory services approach mental health is the former adopts a humanising approach, rather than medicalising or pathologising problems, the latter approach often being called into question over a number of years (Szasz, 1960; 1991; Kleinman, 2008; McAndrew et al., 2014). The humanising approach is evident within the ethos of this organisation and is demonstrated through interactions and encounters both within therapeutic relationships and contextually in its buildings, people and range of opportunities for support. The ethos of the organisation is linked to the second theme, 'Easing Like Sunday Morning', whereby participants' talked of a more general, whole organizationally contextual approach, promoting a sense of inclusion and security, a place where they felt at ease to talk about their distress.

'Easing Like Sunday Morning'

Participants identified aspects of the counselling service that contributed to it being a *'fantastic'* organisation and included: the actual building/s providing a place of *'sanctuary'*, flexibility in counselling arrangements, *'the welcome'* and not least *'all the people working there'*.

"Every person in this building from the girls downstairs in the office, I don't know, maybe it's just me, but you always seem to get this reassurance, calmness. No matter what you say it won't be laughed at, or frowned at, or shock somebody." (Jack)

"I don't know where they get it from but that calmness and that trust thing. Like they've got all the time in the world for you." (Julie)

Being able to instill calmness and trust and reassure the client of their importance are key elements of therapy (Rogers, 1951). Kindness, consistency, empathy, unconditional positive regard, reliability and compassion appear to feature strongly among all those working at this

counselling service. For the participants the development of such compassionate qualities was facilitated by an organisation that not only understands the importance of compassionate care, but demonstrates it on a daily basis through the beliefs and values of the team as a whole.

'Magic Moments'

With regard to the third theme, all participants used various superlatives when describing their counsellor. A couple of participants had experienced a counsellor they were not able to relate to, but this was attended to during the early stages of therapy. The theme of 'Magic Moments' encompasses both the personal characteristics and skills demonstrated by the counsellor, enabling the participants to feel they were being listened too and valued. Personal characteristics encompassed; the counsellor's way of being with the service user, how s/he was able to gain and sustain trust and hope and the way in which caring was demonstrated. The skills identified included: active listening, hearing what was being said, empathising, and facilitating service users to see the bigger picture and enabling new perspectives to be considered. This theme elicited most comments, and was further sub-divided into 6 sections: (1) Telling the story: Hearing the narrative (2) Comfort and understanding (3) It wouldn't be make-believe (4) There for me (5) Learning for and about me (6) A bumpy ride. The six quotes below respectively represent each sub-theme, demonstrating their importance in each participant's healing process.

"Just that sense of someone does want to know and does want to listen and does want to help you, and you can feel that, and that makes a difference." (Julie)

"I just trust her. She didn't belittle me. I just feel comfortable. I just feel…I don't feel trapped. I don't feel I've got to. It's all my choice if I want to tell not. But I told her my secrets." (Lynn)

"And the second you know someone believes you it's like a problem shared is a problem halved. He believes me. He knows my mind is broke. And that was just priceless." (Jack)

"I saw it as her really wanting me to succeed. Not just from a point that it was her job, but from a point that she valued me as a person and, wanted to help me and wanted me to succeed. She stuck by me" (Brian)

"She learned me how to cry and get rid of some of these feelings I'd got inside of me, which was all new. And at 50 odd it's hard to take in." (Sandra)

"He was really nice. He made you feel that you weren't nuts. He sort of got what I would say, the daft thinking and he would be like on your side, but helping you to realise that it wasn't quite normal." (Liz)

It was clear from the overarching theme and sub-themes that the participants within the study believed their needs had been met within the context of the counselling they received from the organisation.

'Love is in the Air'

The fourth theme, 'Love is in the Air', relates to participants' gaining a sense of altruism, what could be considered a by-product of counselling: developing compassion for other people's suffering. The majority of participants talked about what they had got from counselling and how they wanted to give something back, through not wanting more sessions and/or by volunteering.

"I just said to myself don't be greedy, somebody else needs your spot." (Sandra)

"Her involvement made me want to do something, made me want to give something back. Consequently now I do various tasks, voluntarily, to sustain this service for other people." (Brian)

From the gestures highlighted above, it appears the participants learnt to care for themselves by cultivating compassion for their suffering and that of other people. Recent research has focused on the role compassion plays in mental health care (Gilbert & Proctor, 2006; Beaumont & Hollins Martin 2015) and suggests that cultivating compassion can play an important role within the therapeutic arena. Developing self-compassion can lead to higher levels of compassion for others and a motivation to help other people (Wallmark, 2013). The accounts of the participants in this study reiterate this, with the notion of '*giving something back*' post-therapy being evident among the group.

'Lighting up a Future'

'Lighting up a Future' appeared to be the result of the above experiences. Participants talked of '*hope*' and also recognised how their counselling journey had enabled them to move from a position of powerlessness to one of being able to '*take control of their life*'. Recent research has articulated the relationship between taking control and gaining a sense of autonomy, both of which play a pivotal role in interpersonal empowerment (Hickey, 2013).

"And I know they'll put me on the list to see somebody. So that's what's amazing. They've given me something to help me to survive and trust in people." (Sandra)

All of the participants in the study came away from therapy having moved on and feeling more positive about their future. Believing in self, others and the organisation impacted positively on those who participated in the study. The positivism instilled through the organisation led to participant satisfaction and, in light of this, they were able to offer only a few suggestions for change.

'Following up the Changes: Spreading the Word'

The final theme encompassed the fear and apprehension often experienced when counselling was coming to an end. The data suggests that the end of counselling was negotiated between counsellor and client, but some expressed apprehension as to whether or not they would manage without their regular sessions of counselling. Some of the participants suggested a more stepped ending to the counselling, believing this may act as a safety net.

"I felt like, completely lost when I came out of the last one, I didn't know what I was going to do. It would have been nice if I could have paid to carry on because you have got like a bond with them. Or if you could have say a one-off every three months." (Liz)

For some participants the final few sessions of their counselling were spread out and this appeared to be an acceptable approach to bringing counselling to an end. However, others suggested a 'drop-in' facility, as this would provide a '*safety net*';

*"If I had my way I would come here once a month. I would just sit down with a counsellor and have a good chat for 30 minutes and I believe it just…I don't know. It just tidies the garden up all the time (*previously used an analogy of his mental state being akin to too many leaves on the lawn*)."* (Jack).

In addition to the above regarding potential changes, some unease was voiced in relation to the gender mix between client and counsellor, with all three comments relating to a female client with a male counsellor. While all three women were positive about their counselling experience, Sandra and Jan managed to change counsellors and Pauline trusted and liked her male counsellor, but felt unable to discuss one aspect of her problem. The gender mix may well be worth further consideration and how it might be addressed in light of personal preference.

The composite story, with its six themes, offers a collective voice giving context to; why adult counselling at this organisation is beneficial, what makes it a positive experience for those

with mental health problems, how it is used as a benchmark for other organisations offering therapy, the way in which it initiates altruism and what could be done to improve it further. While some of the results reiterate previous findings, others, such as the organisation being at one, offer further understanding to the therapeutic milieu.

Limitations

There were limitations of this study, the main one being that only participants that had a positive experience of therapy took part in the study. This is a common problem when participants are self selecting and could lead to findings that may not represent the experiences of other service users.

Conclusion

Despite the limitations it would appear for the participants in this study that this voluntary sector counselling service is providing interventions that service users find more appropriate than those available within NHS provision. The evidence presented offers insight and understanding as to how this counselling service has played a significant role in enabling those with psychological problems to get back on track and move towards building a better future. This paper suggests this mental health counselling service provides compassionate care within a safe environment for those in distress. It is as a result of this provision that service users report such a positive impact on their psychological wellbeing post therapy.

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