

Transformation in Primary Care: The Impact of Co-Produced Services on Improving the Lives of People who have Traits or a Diagnosis of ‘Personality Disorder’

Services provided by:

- Berkshire Healthcare NHS Foundation Trust
- Surrey and Borders Partnership NHS Foundation Trust
- Frimley ICS



**Surrey and Borders
Partnership**
NHS Foundation Trust

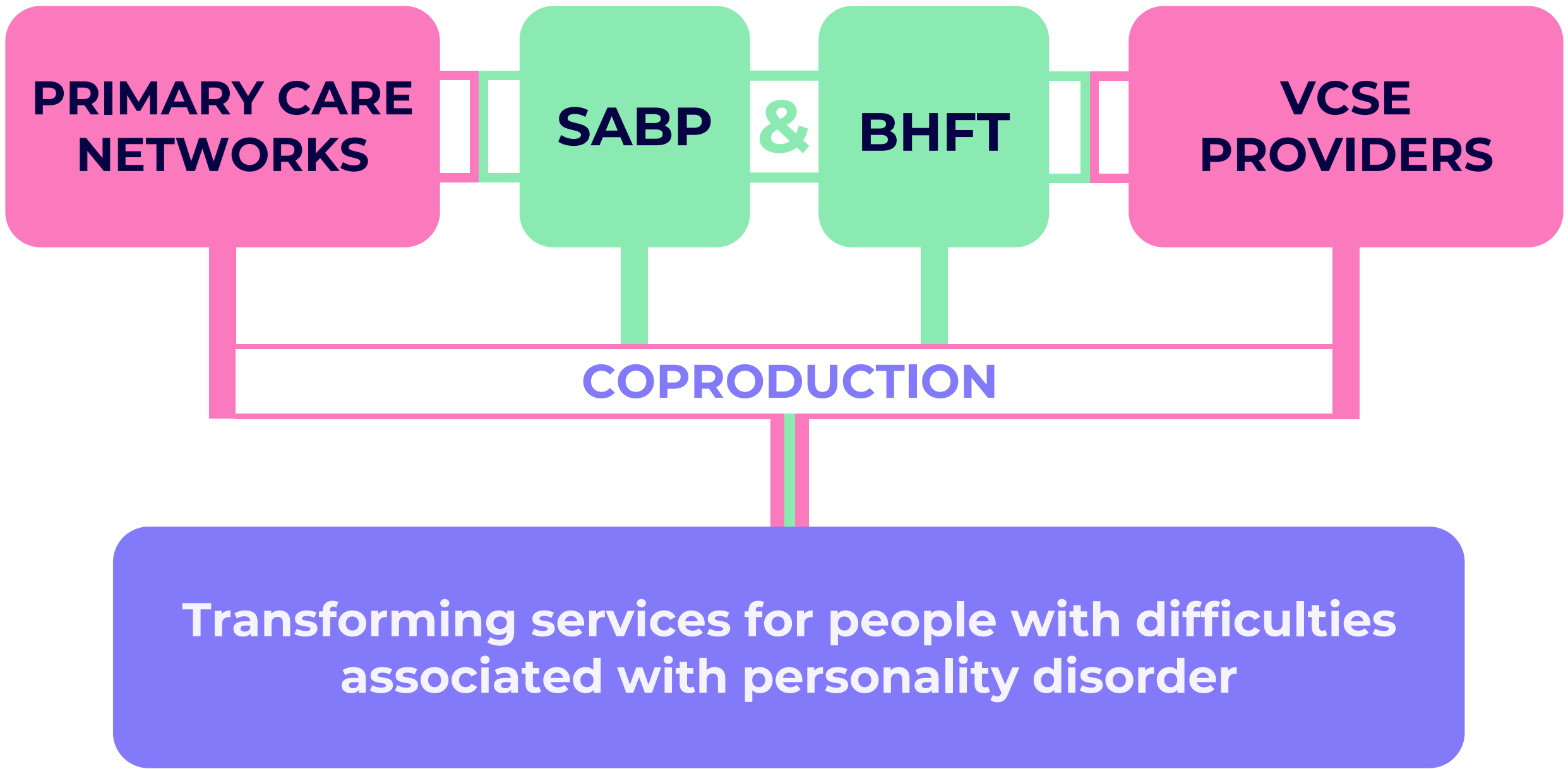


Berkshire Healthcare
NHS Foundation Trust

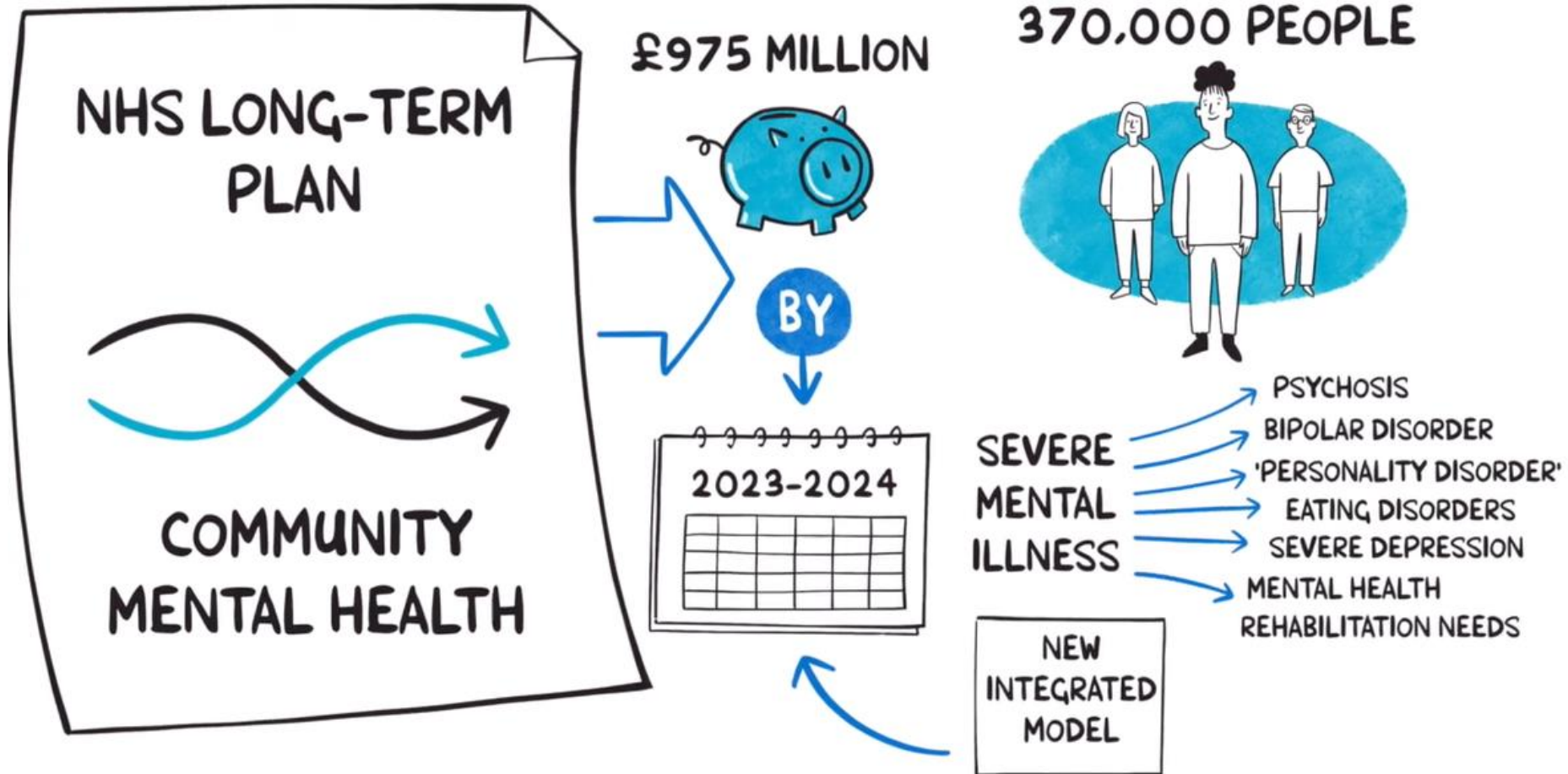
Transformation Through Partnership: Improving Provision in Primary Care for People who have Difficulties Associated with ‘Personality Disorder’



- ▶ Dr Chloe Forster (Consultant Clinical Psychologist, BHFT)
- ▶ Colette Lane (Lived Experience Development Lead, SABP)
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- ▶ Dr Olivia Southwell (Consultant Clinical Psychologist, SABP)



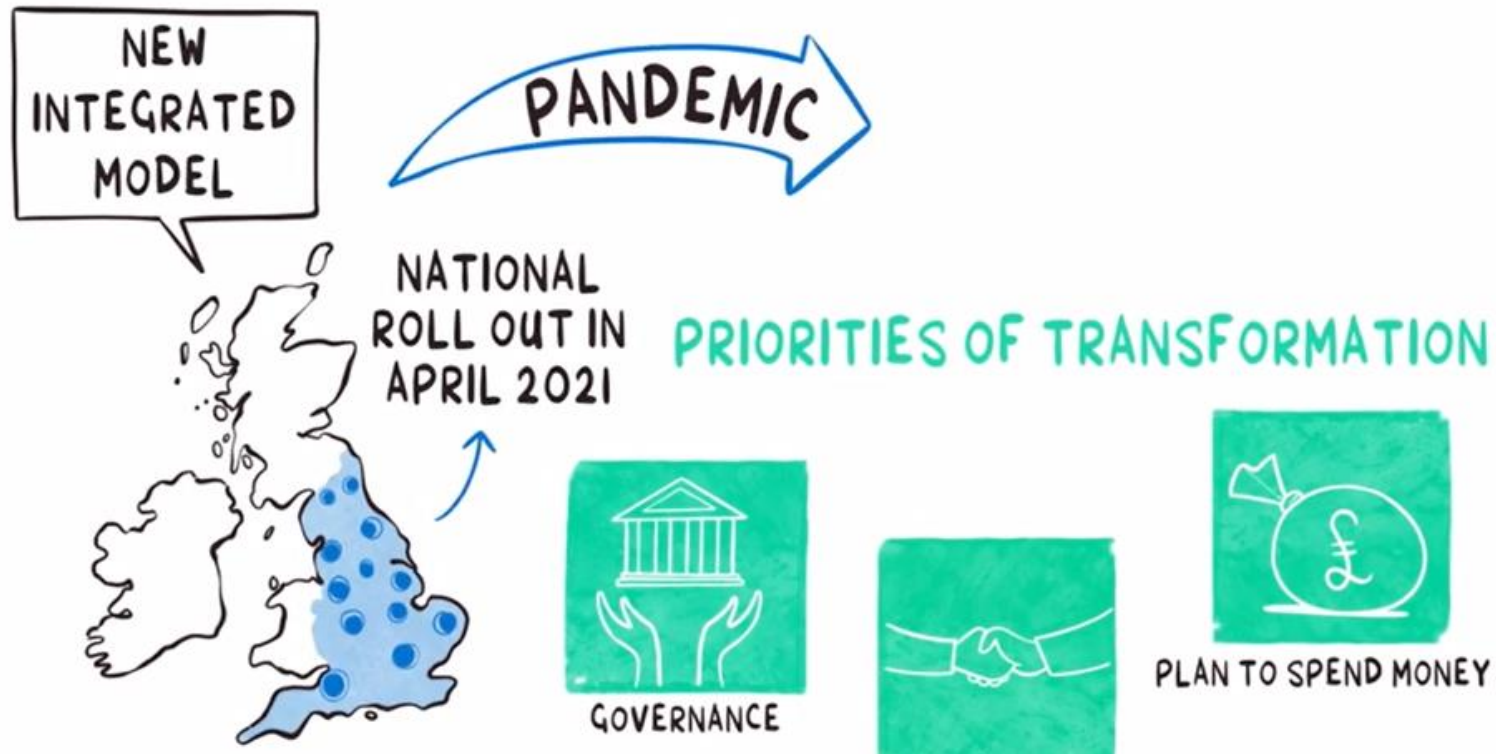
Transformation through Partnership



Creating a New Model with Partners

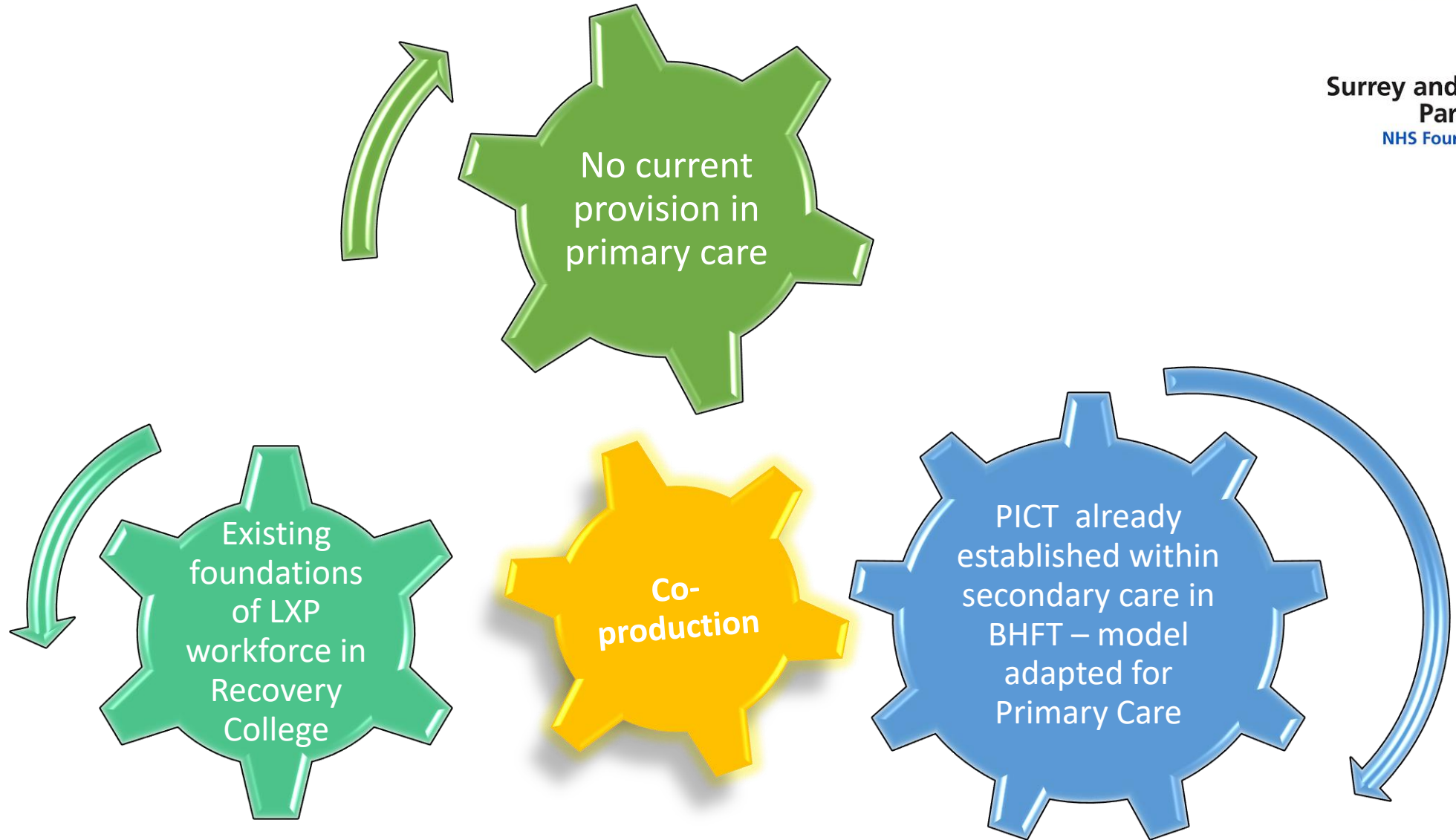


Where it Began 2019/2020



- Surrey Heartlands and Frimley selected as 2 of 12 Early Implementer sites to pilot community transformation.

Drivers in SABP & BHFT



Aims and Aspirations

Improve support for people with difficulties associated with 'personality disorder'

Bridge the primary and secondary care gap

Co-delivery of interventions with lived experience staff

Upskill the workforce to increase understanding and confidence

Improve staff and client experience

Developing the lived experience workforce

MEP –Managing Emotions Programme

Psychoeducational courses for people with difficulties managing and regulating emotions. Groups are facilitated by qualified staff and lived experience facilitators.



PICT – Psychologically Informed Consultation & Training

A co-produced offer to Primary Care Networks and partner agencies, providing training and consultation to upskill staff and improve patient and staff experience.

SUN – Service User Network

Open-access facilitated peer support groups based on Therapeutic Community principles, co-facilitated by staff with lived experience and clinicians.



EARLY IMPLEMENTER SITES

Community Mental Health Framework for Adults and Older Adults was published. Surrey Heartlands and Frimley Health were selected as 2 out of 12 Early Implementer sites to pilot community transformation. Partner organisations were engaged.

Spring 2019

ENGAGEMENT

Stakeholder engagement across Primary Care networks commenced.

Mar 2020

TASK & FINISH GROUPS

In April, task and finish groups were established for model design, recruitment, resources and promotion.

Jun 2020

LAUNCH

In November 2020, MEP and PICT both launched. SUN was launched in January 2021.

Aug 2021

ROLL OUT

The new model of care is being rolled out to every GP practice in Surrey and NE Hampshire by the end of 2023.

2019

PILOT BEGAN

Three GPimhs teams in Surrey Heartlands began the pilot. This expanded to Primary Care Networks (groups of local GP practices) across the two ICSs.

Nov 2019

PROJECT MANAGER APPOINTED

A Project Manager with Lived Experience was appointed for the Primary Care Personality Disorder Pathway.

Apr 2020

DEVELOPMENT

Built data recording systems and established reporting and evaluation.

2020
2021

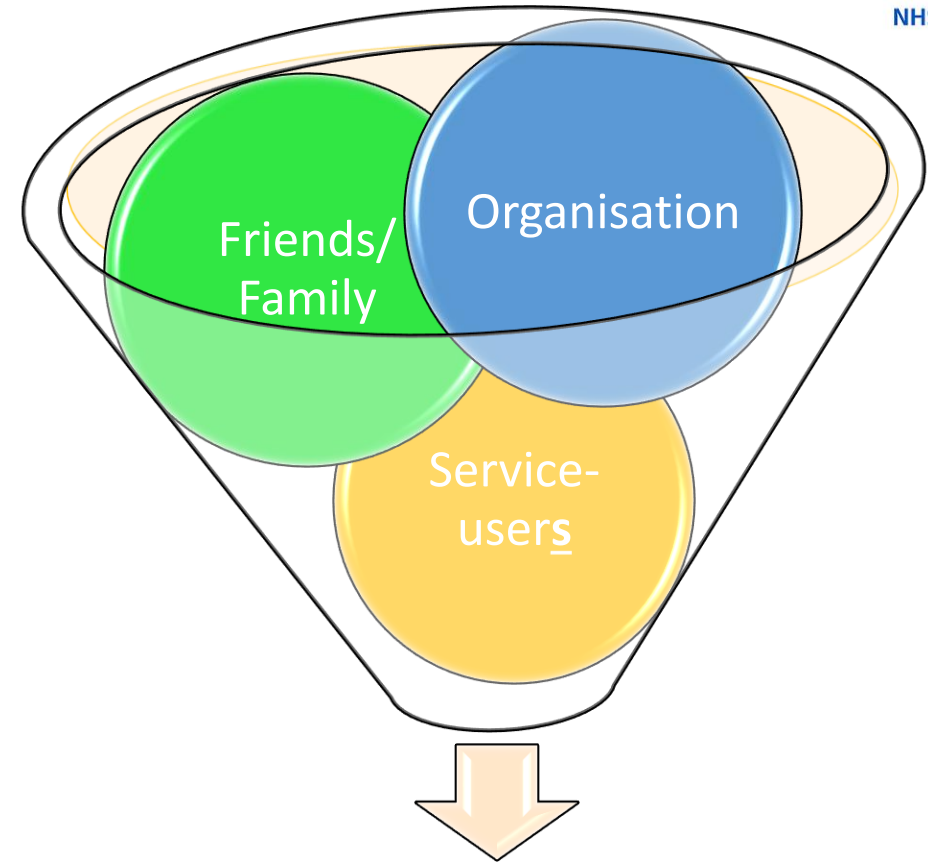
SERVICE PROVIDED

Nearly 80 GP practices had access to a MHICS/ GPimhs service.

Late 2023

Developing Our Recipe

1. Initial **thinking space** about co-production
2. Building a supervisory **relationship**
3. **Integrity** of Lived Experience roles
4. **Inclusive** team culture/people as assets
5. **Resources & infrastructure**

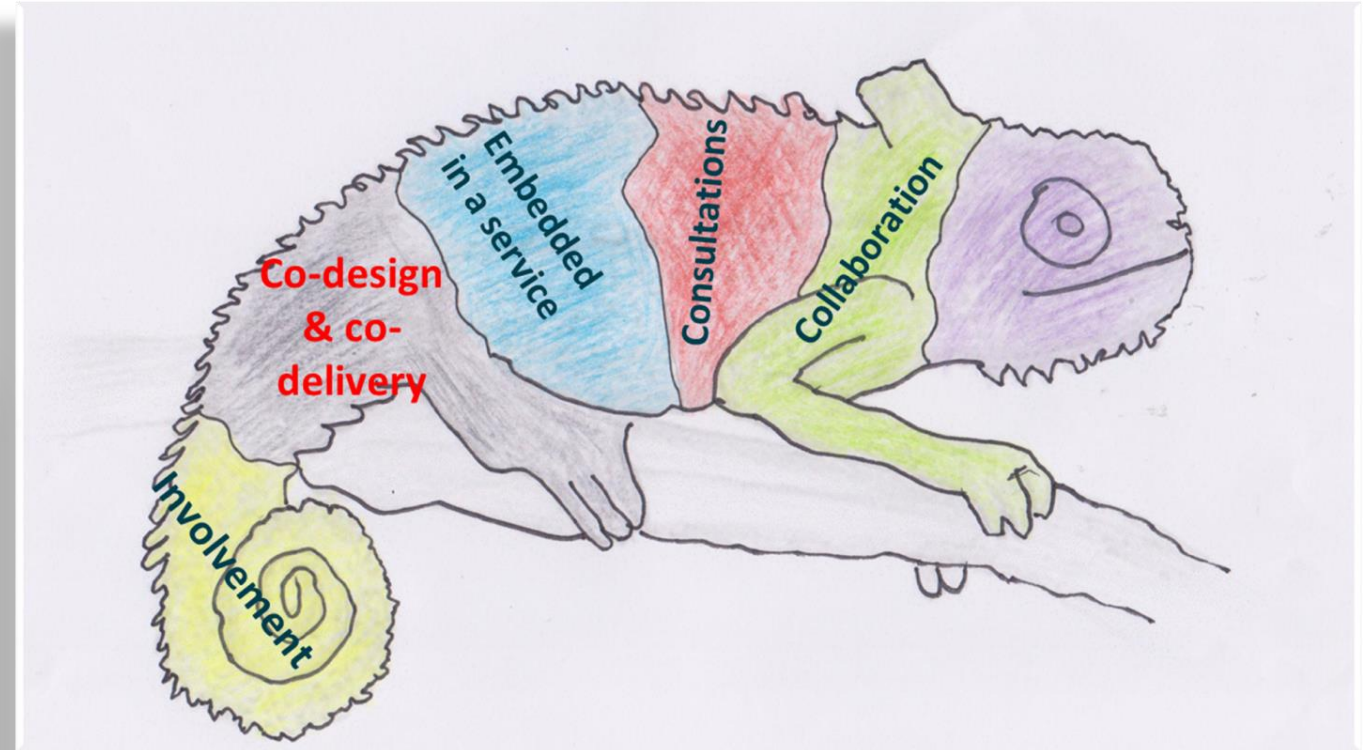


**Meaningful & sustainable
outcomes**

1. Thinking about Co-Production



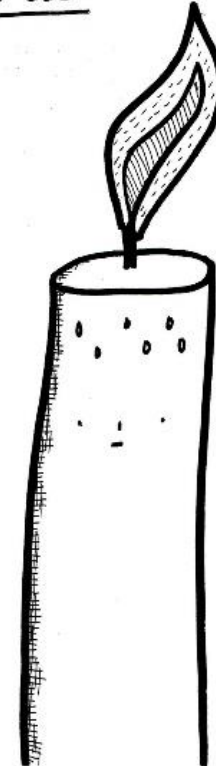
The first rule of lived experience club, is that you never wanted to be in lived experience club...



2. Building Our Supervisory Relationship



The candle is stuck
in a depressing double-bind.
When it is lit it burns its
head and melts its
face...



... but when it
is not lit it is
dull, feels useless
and lives in a
drawer.

@stevensoh

3. Integrity of Lived Experience Roles

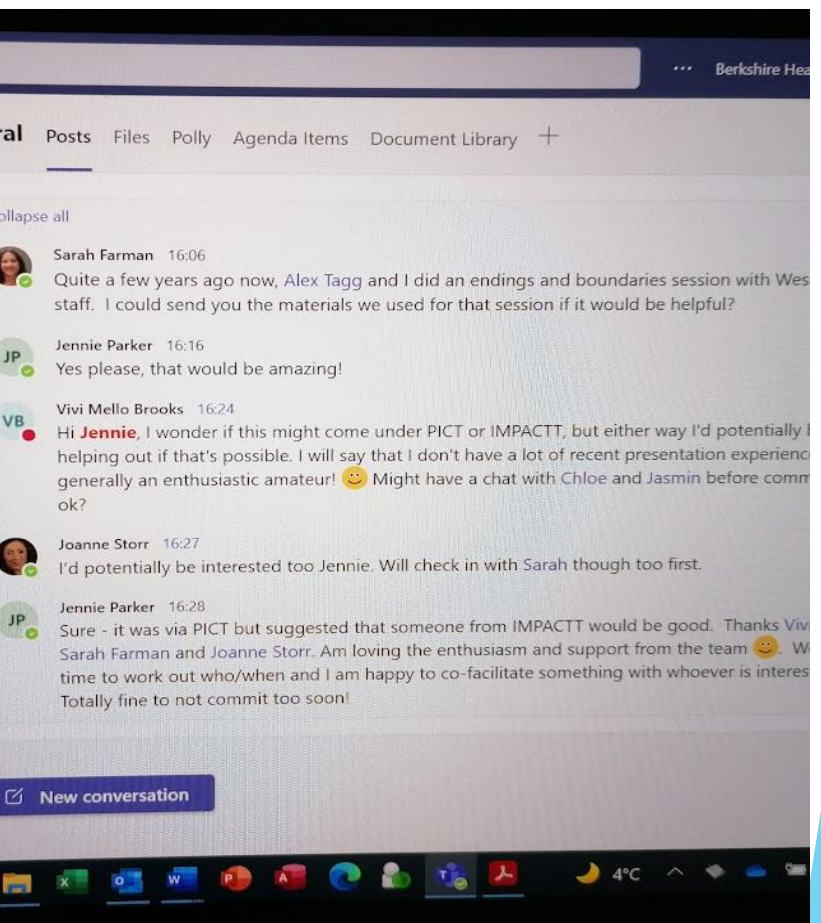
THE TRAVELER AND THE PEACOCK

A traveler to a new land came across a peacock. Having never seen this kind of bird before, he took it for a genetic freak. Taking pity on this poor bird, which he was sure could not survive, he trimmed the long, colorful feathers, cut back the beak, and then dyed the bird black. "There now", he said with pride, "you now look more like a standard guinea hen."

Michael Quinn Patton (1980,1990)



4. The Icing on our Cake: Inclusive Team Culture as Standard



5. Resources and Infrastructure

Flexibility in
recruitment processes

Access to appropriate
supervision

Ladder of opportunities
for progression

Access to mental
health support

Challenges in Pathway Development



Measures and outcomes



Stakeholder engagement



Culture in primary care



Pandemic



Interface between different systems



Recruitment and retention



Constrained by the model (e.g. SUN)



Limitation - existing offer tailored towards EUPD - according to demand, evidence base

Challenges in Partnership working

1. Different Trust policies and local arrangements vary - alignment rather than duplication

2. Technological challenges

3. Geography

4. Relationship building

Future Directions

Lived Experience workforce
development beyond
transformation

Culture change

Flexibility based on ICD-11

Addressing gaps

Measuring outcomes

QUESTIONS...?



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- ▶ Olivia.southwell@sabp.nhs.uk

Held in Mind? An evaluation of the long-term impact of personality disorder training to primary care services



P psychologically **I** nformed **C** onsultation & **T** raining:
PICT

Mental Health
Services

[For a better life](#)

Colette Lane, Lived Experience Development Lead

Dr Gina Davies, Principal Clinical Psychologist

Dr Teuta Rexhepi-Johansson, Principal Clinical Psychologist

Isabelle Hunt, MSc Student and Honorary Assistant Psychologist

PICT: Who are we?

What is the Psychologically Informed Consultation and Training (PICT) Service?

- ▶ The PICT Service uses consultation and training to improve the working relationship between practitioners and their patients with traits or a diagnosis of Personality Disorder.
- ▶ PICT trainings are bespoke, focusing on psychoeducation, evidence-based skills development, and staff resilience.
- ▶ Trainings and consultations are coproduced and facilitated by a Lived Experience Trainer and Clinician.

PICT: The Team

Clinical Staff:

- ▶ Dr Olivia Southwell, Consultant Clinical Psychologist
- ▶ Jane Fisher-Norton, Principal Adult Psychotherapist
- ▶ Dr Gina Davies, Principal Clinical Psychologist
- ▶ Dr Teuta Rexhepi-Johansson, Principal Clinical Psychologist
- ▶ Isabelle Hunt, MSc Student and Honorary Assistant Psychologist
- ▶ Aleena Shahzad, Assistant Psychologist

Lived experience staff:

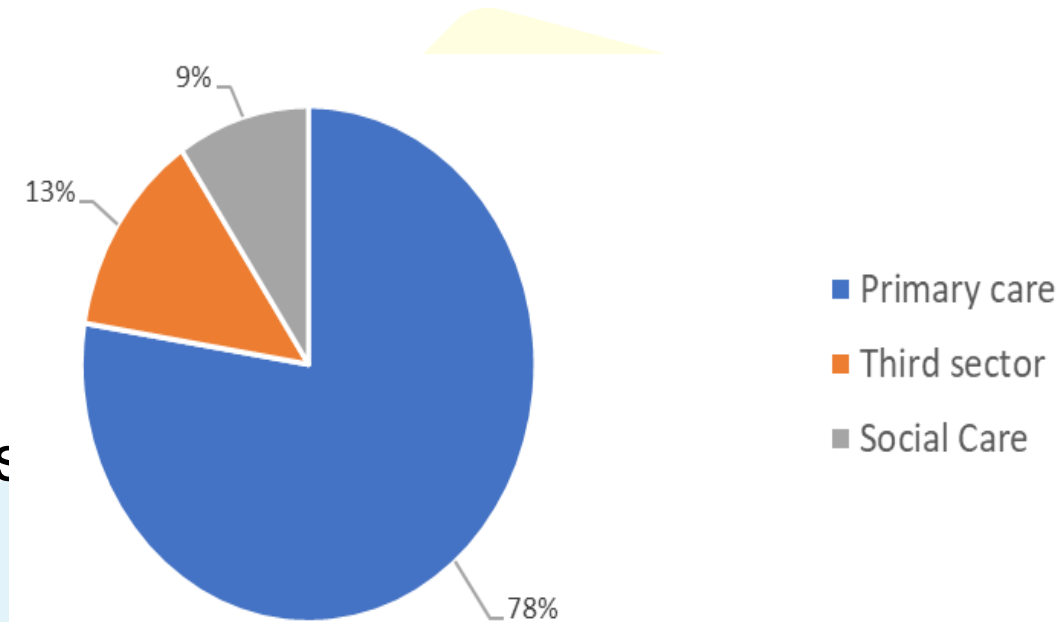
- ▶ Colette Lane, Lived Experience Development Lead
- ▶ Harry Bundall, PICT Trainer with Lived Experience
- ▶ Joanna Simpkins, PICT Trainer with Lived Experience

Service Evaluation in Context

Service Evaluation – BIGSPD 2022: *Coproduction from Design to Delivery*

- ▶ This evaluation included 59 bespoke trainings delivered to 431 Primary Care staff from different sectors.
- ▶ Data was collected through pre- and post-training questionnaires assessing key challenges faced by Primary Care professionals including:

- Self-perceived understanding of personality disorder
- Ability to engage effectively with this client group
- Confidence in managing difficult interactions

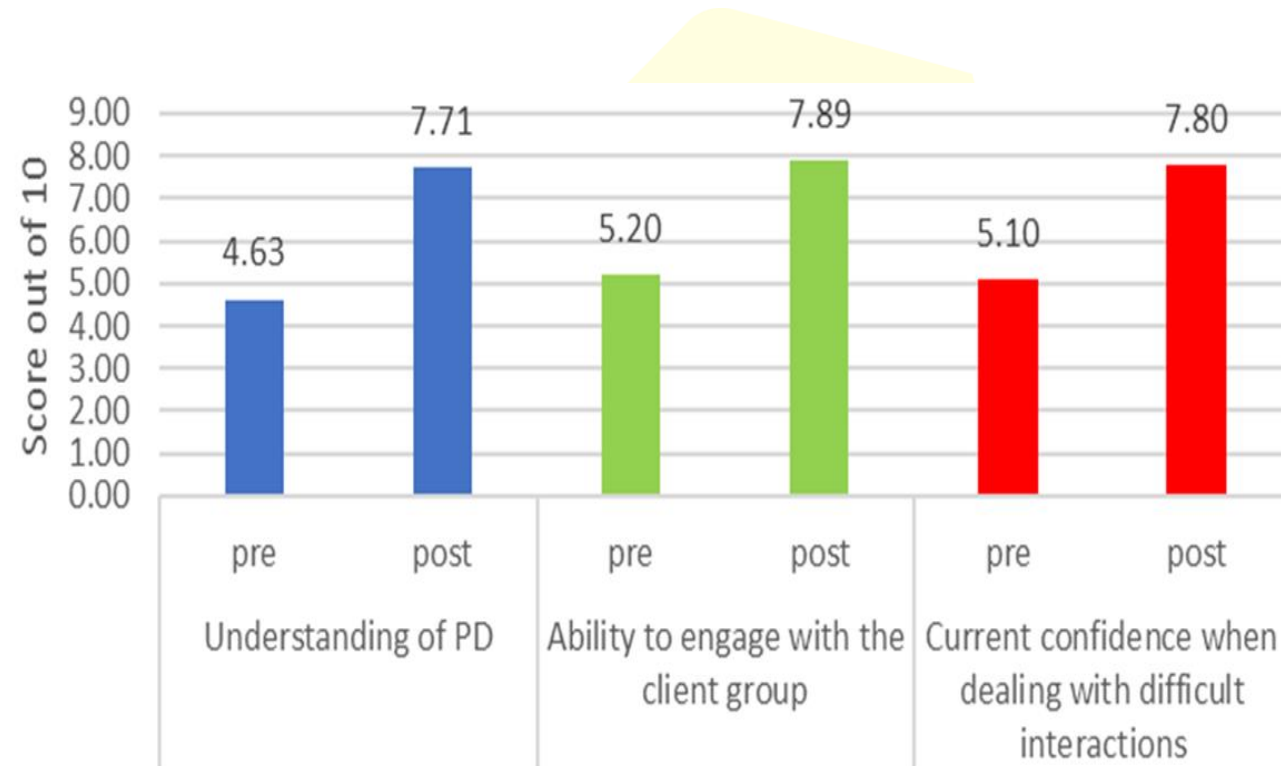


Service Evaluation in Context

Service Evaluation – BIGSPD 2022: *Coproduction from Design to Delivery*

Quantitative analysis:

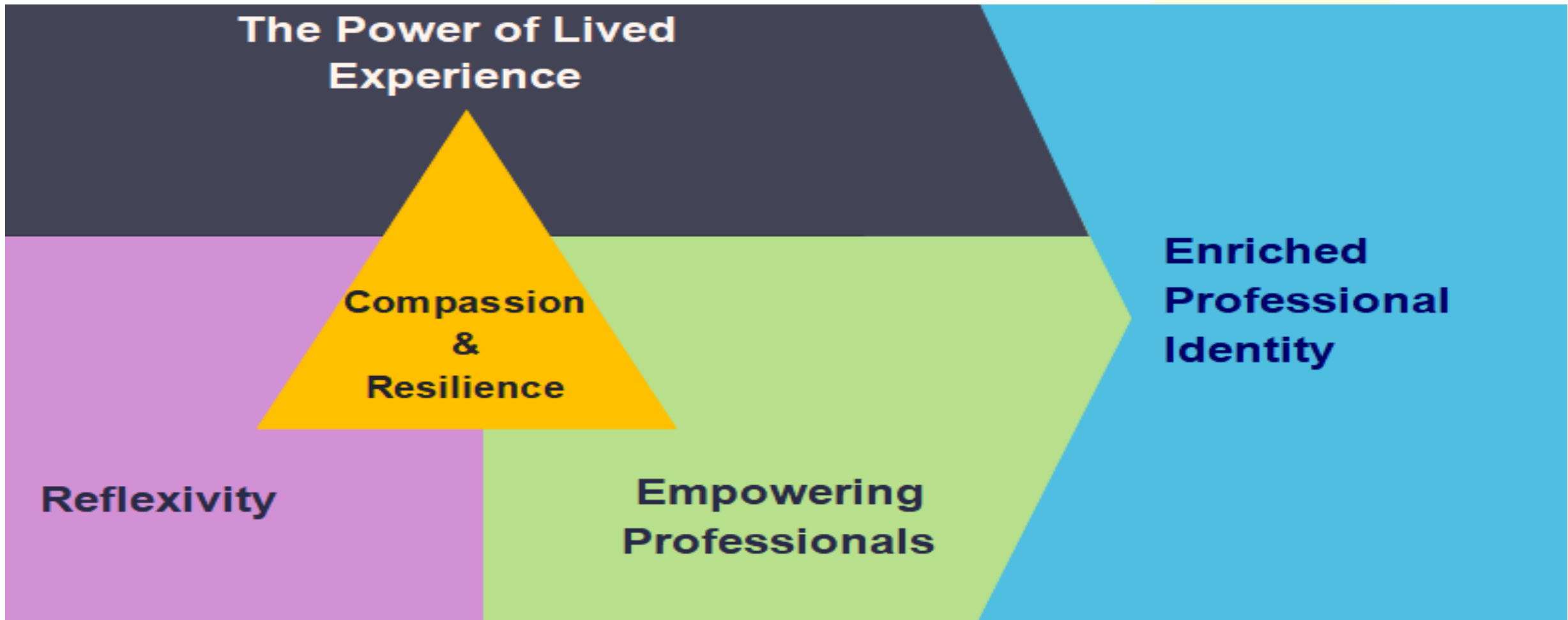
- ▶ The average rating for:
 - ‘Understanding of Personality Disorder’ **increased by 70%**
 - ‘Ability to Engage’ **increased by 55%**
 - ‘Current Confidence in Dealing with Difficult Interactions’ **increased by 57%**



Service Evaluation in Context

Service Evaluation – BIGSPD 2022: *Coproduction from Design to Delivery*

Qualitative analysis: A model demonstrating the multifaceted impact of PICT training



What we learnt

Service Evaluation – BIGSPD 2022: *Coproduction from Design to Delivery*

Overall:

- ▶ This evaluation highlighted the positive impact PICT training had on enhancing knowledge, confidence and capabilities amongst professionals working with people who have complex emotional needs.
- ▶ Despite the positive findings from this evaluation, questions still remain around the **long-term impact** of personality disorder training.

The long-term impact of training: What the research says

Research on the long-term impact of Personality Disorder training

- ▶ Whilst there is limited research, what there is indicates that:
 - Personality disorder training positively impacts professionals understanding and attitudes longitudinally (at 6 month follow up)
 - However, feelings of capability regarding working with this client group seem to be more difficult to sustain.
 - Also, the skills required to manage emotional reactions when working with people who have traits or a diagnosis of personality disorder seem to decline over time.

(Davies et al., 2014; Ebrahim et al., 2016; Lamph et al, 2014)

Rationale

The current evaluation aimed to contribute to this neglected area of research within personality disorder literature by exploring the **long-term impact** of PICT trainings.

Method

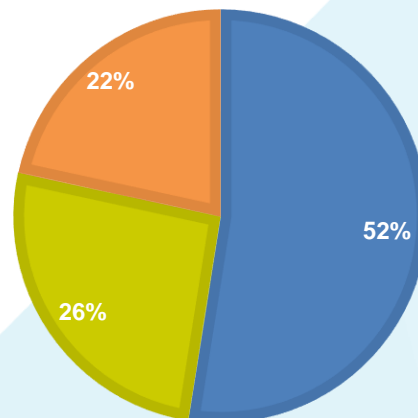
Participants

Follow-up evaluation sent to:

- ▶ **809 professionals** working across primary care, social care and third sector organisations, who had attended at least **one of the 81 bespoke trainings** between **January 2021 to December 2022**, **116 responded**

TIME SINCE LAST ATTENDING A PICT TRAINING

■ Less than 6 months ago ■ 6 to 12 months ago ■ More than 12 months ago



Procedure

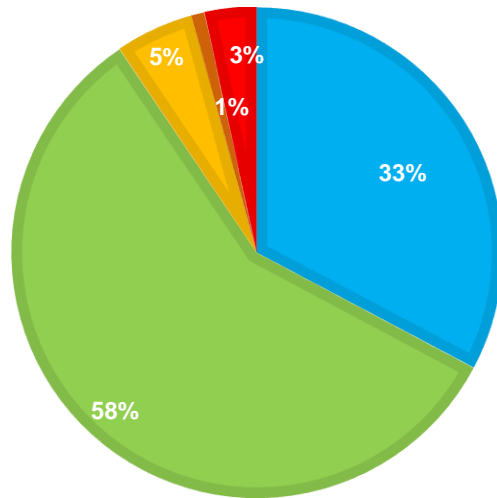
- ▶ The evaluation generated both quantitative and qualitative data assessing the long-term impact of trainings. Key areas included:
 - Retention of knowledge and skills
 - Attitudes towards Personality Disorder
 - Continued application of the learning
- ▶ A mixed-methods approach was utilised to analyse the data
 - Averages
 - Thematic analysis

Results: Quantitative

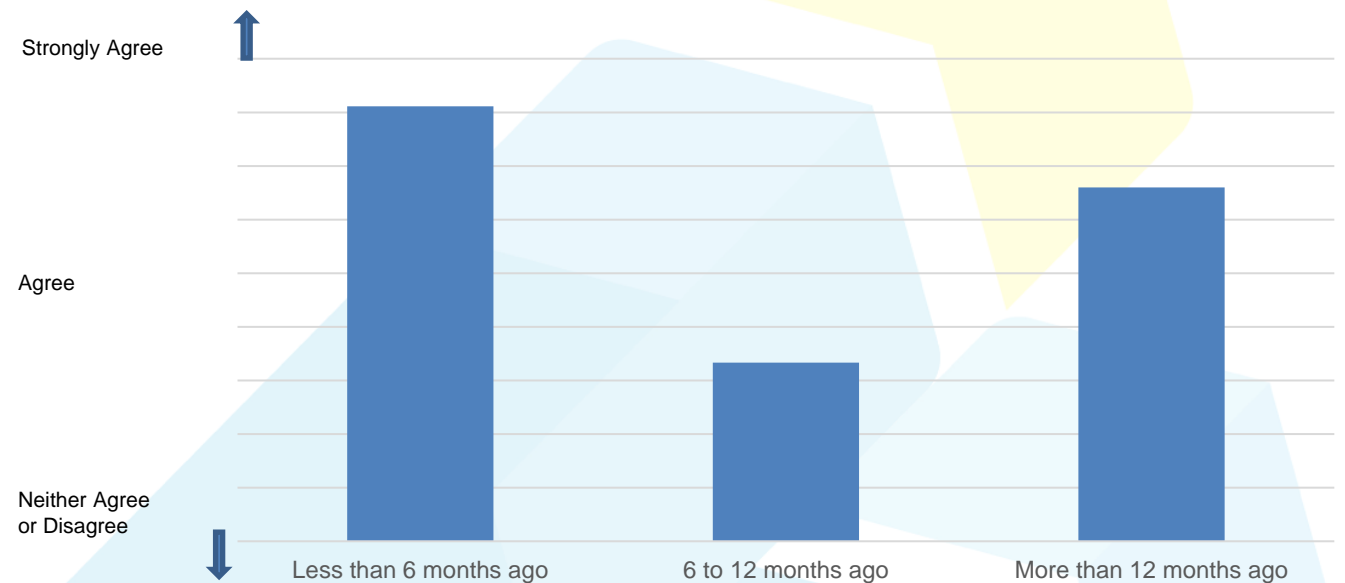
I have greater knowledge and understanding about personality disorder

Statement 1: Overall level of agreement

■ Strongly Agree ■ Agree ■ Neither Agree or Disagree ■ Disagree ■ Strongly Disagree



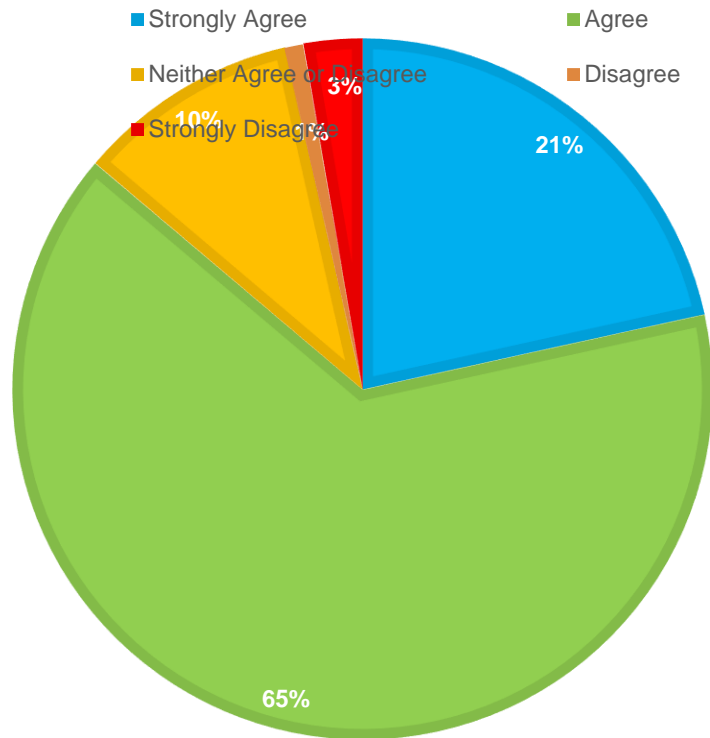
Statement 1: Time-periods (Level of agreement)



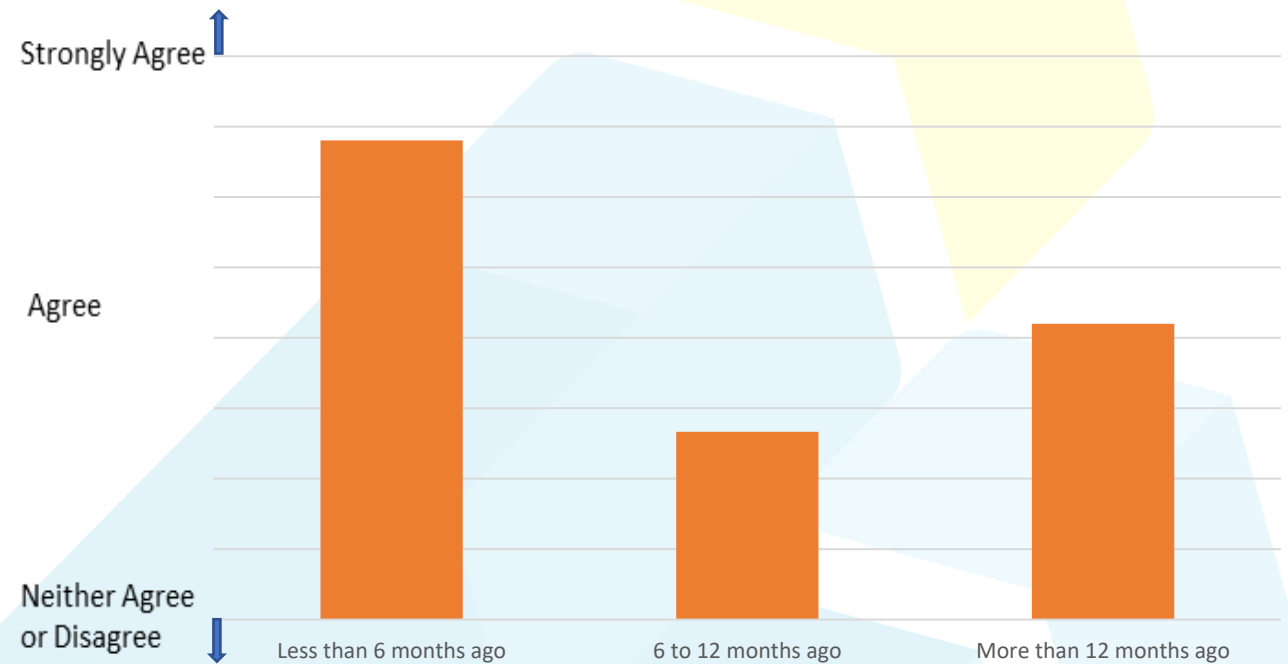
Results: Quantitative

I feel more confident in my work with this client group

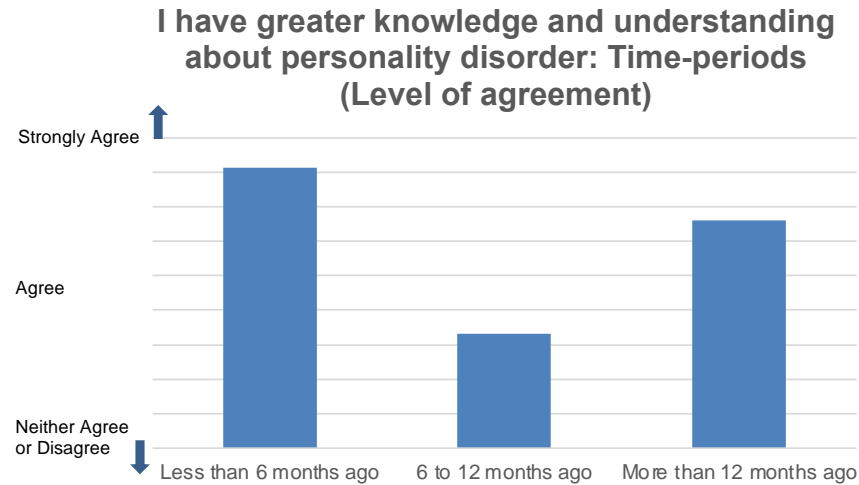
Statement 2: Overall level of agreement



Statement 2: Time-periods (Level of agreement)



Results: Quantitative



Supporting evidence:

- Personality disorder training has been found to positively impact professionals understanding and attitudes longitudinally (Davies et al., 2014; Ebrahim et al., 2016)

Potential explanations:

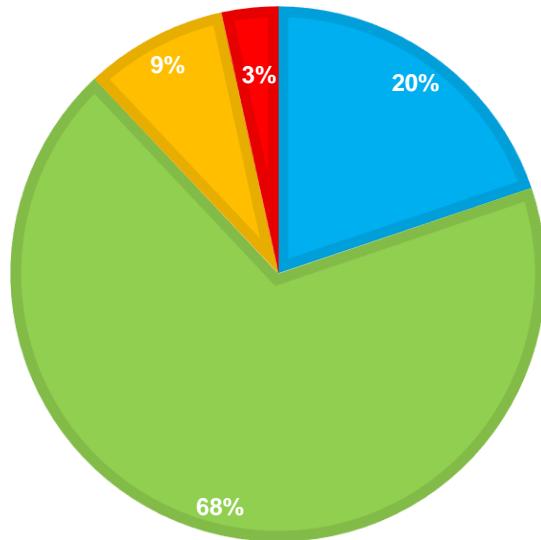
- Understanding and confidence strengthened through consultations
- More time to practice and consolidate skills
- Interest spurred on through training and own personal CPD
- More opportunities to utilise learning in practice

Results: Quantitative

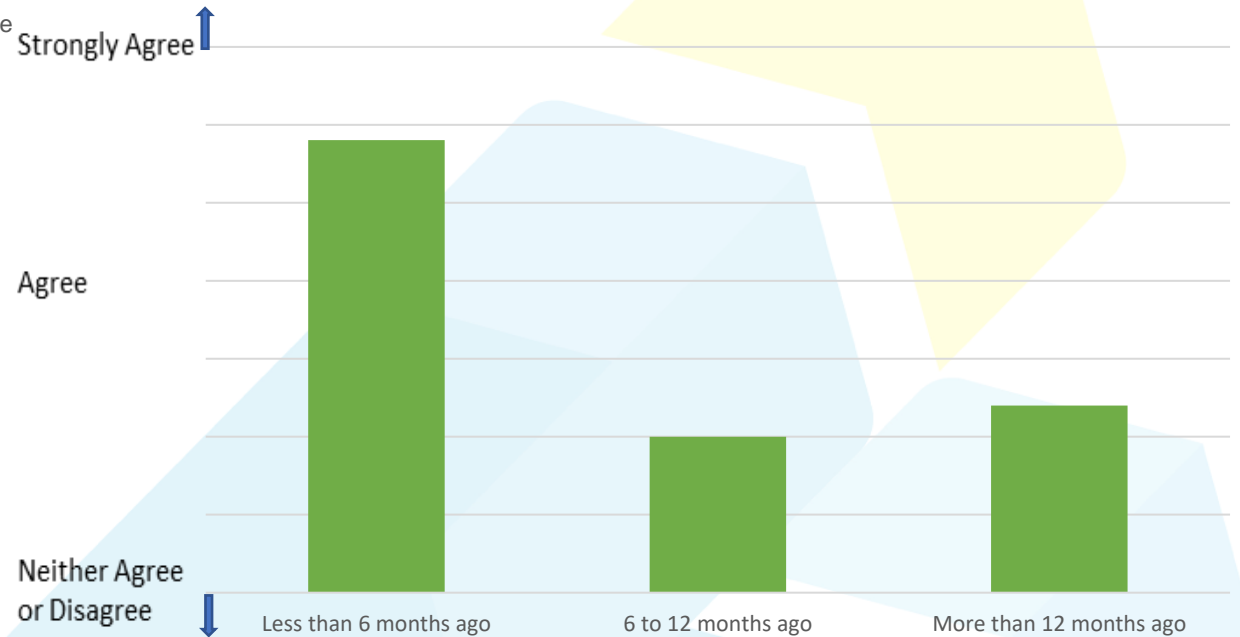
I have more skills for working with this client group

Statement 3: Overall level of agreement

■ Strongly Agree ■ Agree ■ Neither Agree or Disagree ■ Disagree ■ Strongly Disagree

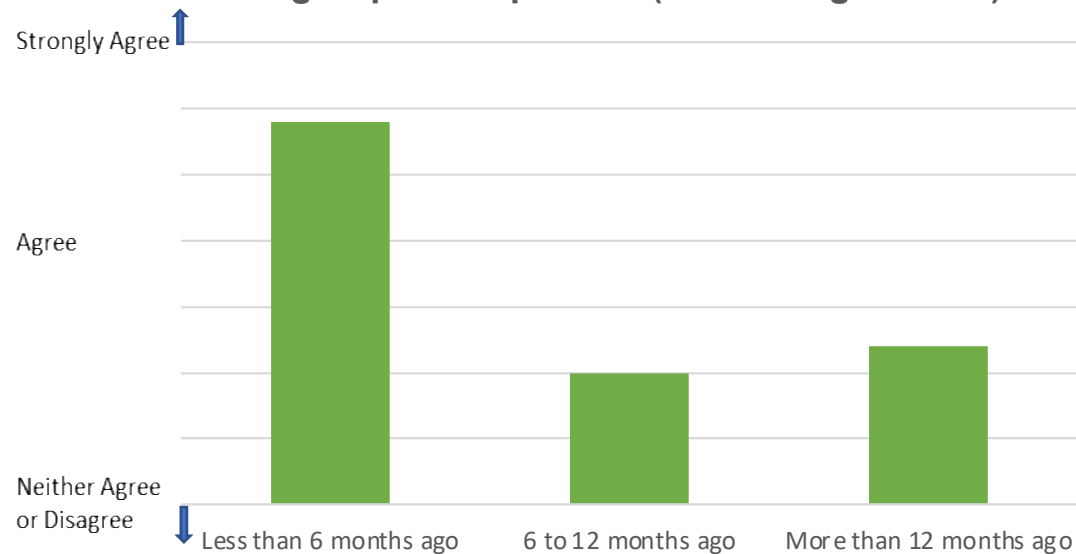


Statement 3: Time-periods (Level of agreement)



Results: Quantitative

I have more skills for working with this client group: Time-periods (Level of agreement)



Supporting Evidence:

- Feelings of capability after training deteriorates over time (Davies et al., 2014; Ebrahim et al., 2016)

Potential explanations:

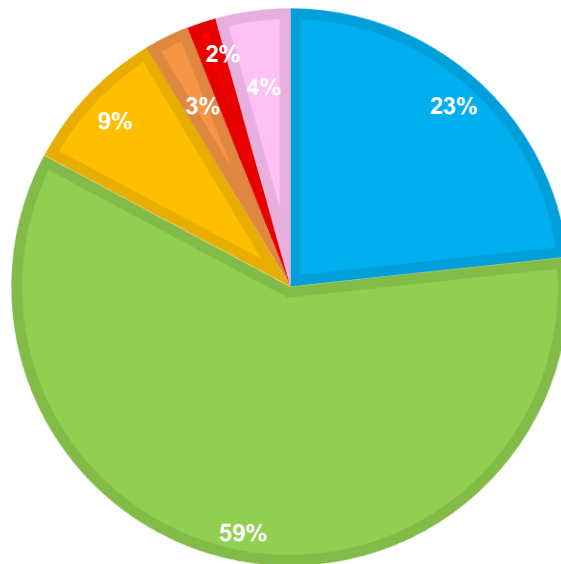
- Limited opportunity to put skills into practice
- Lack of time working with the client group
- Uncertain how other professionals who didn't respond would have reported
- Underestimation of skill level

Results: Quantitative

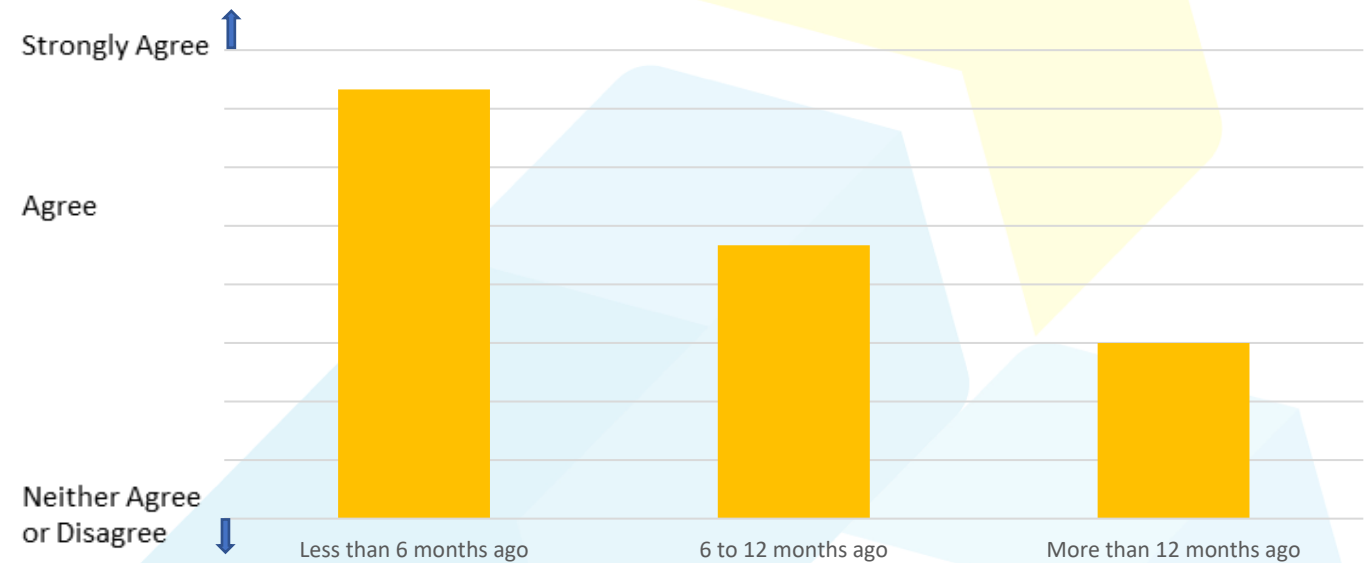
I feel more aware of how to manage the emotional burden of the work

Statement 4: Overall level of agreement

■ Strongly Agree ■ Agree ■ Neither Agree or Disagree ■ Disagree ■ Strongly Disagree ■ N/A

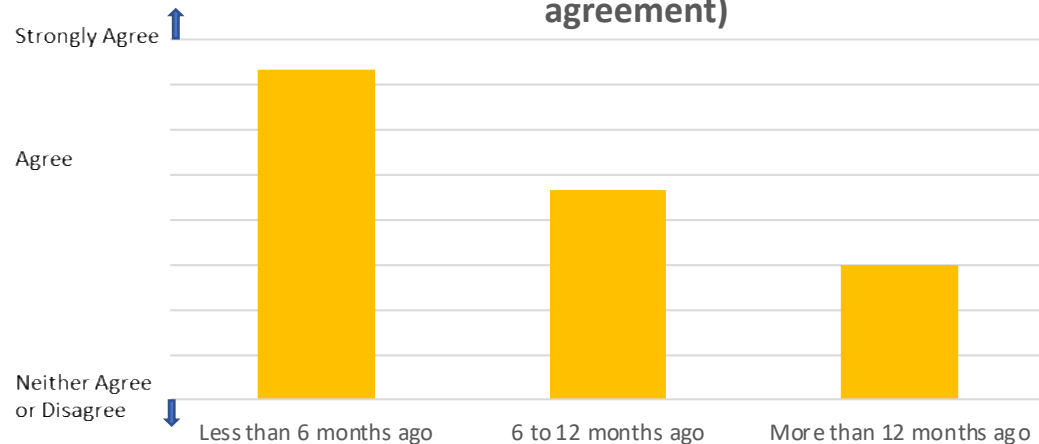


Statement 4: Time-periods (Level of agreement)



Results: Quantitative

I feel more aware of how to manage the emotional burden of the work: Time-periods (Level of agreement)



Supporting evidence:

- Research found that the skills and interpersonal attributes required to manage emotions when working with people who have Personality Disorder declined gradually after training (Lamph et al., 2014).

Potential explanations:

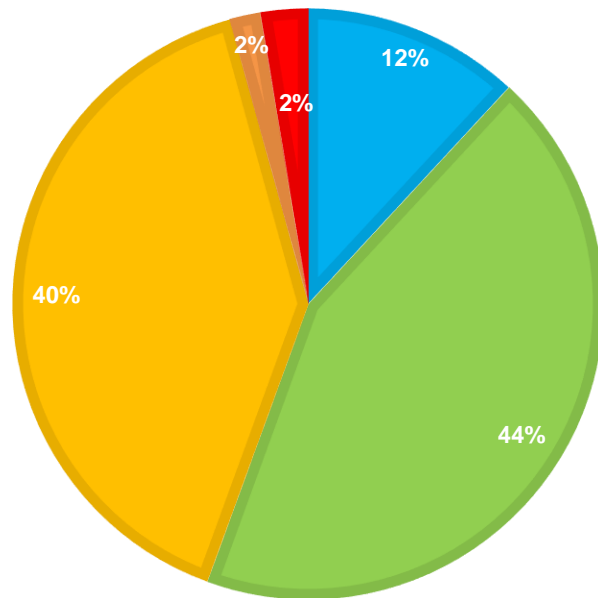
- Busy caseload
- Lack of reflective space
- Organisational stressors

Results: Quantitative

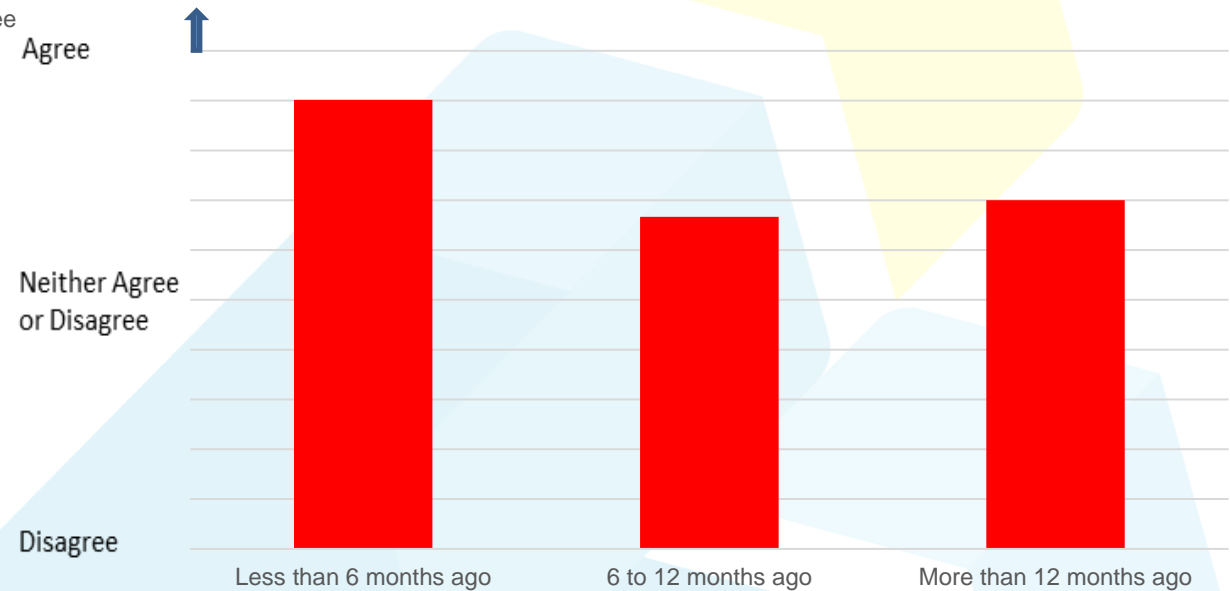
I have changed the way I approach my work with this client group

Statement 5: Overall level of agreement

■ Strongly Agree ■ Agree ■ Neither Agree or Disagree ■ Disagree ■ Strongly Disagree

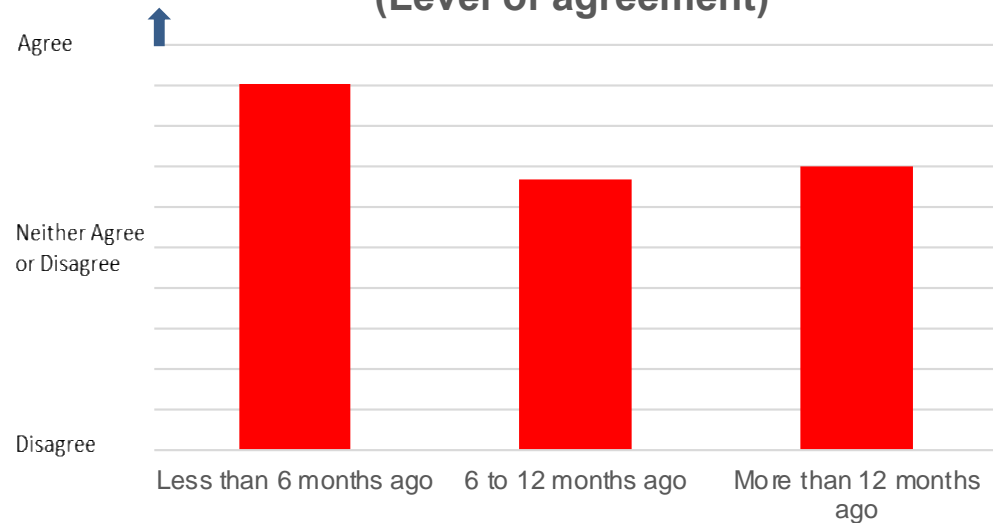


Statement 5: Time-periods (Level of agreement)



Results: Quantitative

I have changed the way I approach my work with this client group: Time-periods (Level of agreement)



Potential explanation:

- ▶ Levelling off indicates a change in staff ethos and values towards this client group

The Power of Lived Experience

"The lived experience brought the theory to life and increased understanding"

"The lived experience, in particular (learning and living it), both contribute something important to the training and improvement of mental health services."

"Improved confidence in talking to patients about suicide and self-harm [...]. Developing a safety netting-approach to tackle this. The way I think/talk about empathy and using a trauma-focused approach to all patients. Focussing on the symptoms patients find challenging, rather than the diagnosis/label [...]. Improved confidence creating boundaries (to maintain wellbeing for myself and patients) whilst building a therapeutic relationship"

Compassion & Resilience

"[...] more mindful of how we approach & allowing more process time for information - particularly change"

"Greater understanding of how people may present and difficulties they may experience - have worked harder at building trust"

Enriched Professional Identity

Reflexivity

Empowering Professionals

"By having more understanding it has given me more insight into this client work and adapting my approaches to meet the clients needs"

"The session gave us all a forum and space to explore the experiences we've had and be able to think about why things happened and how we can approach them with better knowledge and understanding in the future"

"I have been clearer with boundaries around time and focus of visit. I have been clear with targets and small steps with time scales."

(A model demonstrating the long-term multifaceted impact of PICT training)

Results: Qualitative

The Power of Lived Experience

Reflexivity

Retention & Consolidation

“Working with colleagues and sharing experiences, also, supervising the team and supporting them to reflect”

“[...] putting into practice the skills”

Empowering Professionals

Enriched Professional Identity

Discussion

- This follow-up evaluation fills a gap within personality disorder literature regarding the long-term impact of staff-based psychoeducation and skills training.
- Overall, it highlights the positive longitudinal impact PICT trainings has on:
 - Understanding and attitudes towards Personality Disorder
 - Ability to engage with this client group
 - Confidence in dealing with difficult interactions
 - Continued application and retention of learning
- Decreases over time in compassion & resilience, capabilities and managing emotional burden when working with this client group.

"The training was excellent and really eye opening"

"Was such fantastic training so insightful, useful, informative"

"Very good training, positive and interactive which was really enjoyable"

Discussion

Implications

- ▶ This follow-up evaluation further emphasises the need for the PICT model to be embedded in Primary Care NHS personality disorder pathways; a model which serves to empower professionals and enhance provision of care for an often stigmatised client group.
- ▶ Decreases in capabilities and managing emotional burden of work with this client group over time could be addressed through top-up sessions or by highlighting the importance of ongoing support and supervision, and putting learning into practice.

Discussion

Limitations

- Unable to determine the direct causality of PICT training on enhancements in attitudes and practice
- Social desirability bias
- Low response rate
 - Who are the people that haven't responded?
are burnt out? → Are these the individuals who
- Didn't differentiate baseline responses between professional groups
- Didn't ask people how many trainings they'd attended or if they'd attended any consultations

Discussion

Further research

- Identification of the reasons behind the drop-off of compassion and resilience longitudinally
- Investigation into change in team dynamics after training
- Evaluation of third-sector professionals' wellbeing and burnout
- Drill down into the data regarding professional groups

Thank you!

Any Questions?



References

- ▶ Attwood, J., Wilkinson-Tough, M., Lambe, S., & Draper, E. (2021). Improving attitudes towards personality disorder: is training for health and social care professionals effective?. *Journal of Personality Disorders*, 35(3), 409-S4.
https://doi.org/10.1521/pedi_2019_33_458
- ▶ Davies, J., Sampson, M., Beesley, F., Smith, D., & Baldwin, V. (2014). An evaluation of knowledge and understanding framework personality disorder awareness training: Can a co-production model be effective in a local NHS mental health trust?. *Personality and mental health*, 8(2), 161-168.
- ▶ Ebrahim, S., Robinson, S., Crooks, S., Harenwall, S., & Forsyth, A. (2016). Evaluation of awareness level knowledge and understanding framework personality disorder training with mental health staff: impact on attitudes and clinical practice. *The Journal of Mental Health Training, Education and Practice*, 11(3), 133-143.
- ▶ House of Commons, Health and Social Care Committee. (2021). Workforce burnout and resilience in the NHS and social care. *Second Report of Session 2021 – 22*. [Workforce burnout and resilience in the NHS and social care \(parliament.uk\)](https://www.parliament.uk/publications/2021/11/1) [Accessed 25/05/23]
- ▶ Lamph, G., Latham, C., Smith, D., Brown, A., Doyle, J., & Sampson, M. (2014). Evaluating the impact of a nationally recognised training programme that aims to raise the awareness and challenge attitudes of personality disorder in multi-agency partners. *The Journal of Mental Health Training, Education and Practice*, 9(2), 89-100.

Managing Emotions Programme (M.E.P.)

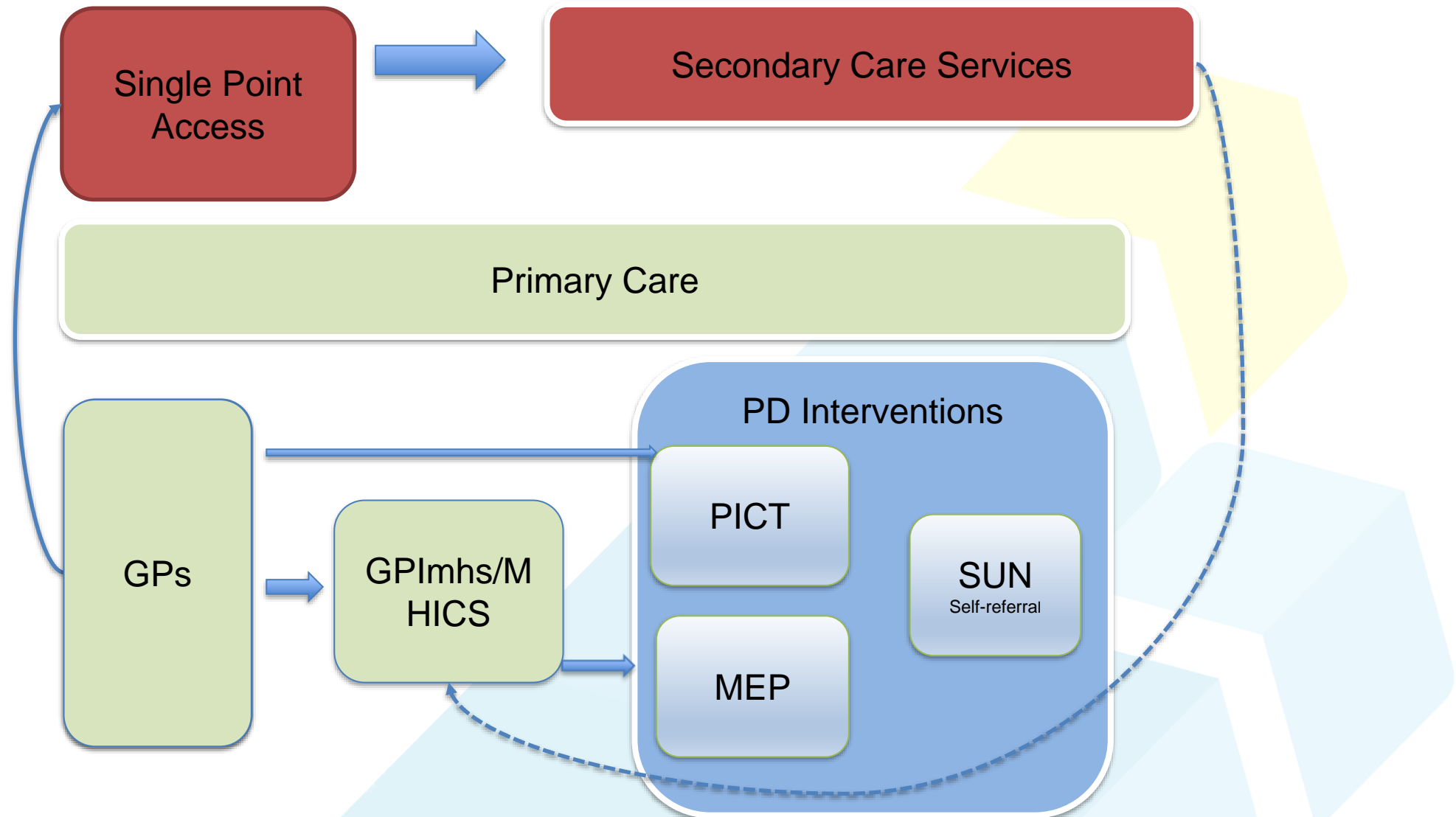
Evaluating a co-produced service aimed at increasing the emotional confidence of people with emotional difficulties.

Foteini Petratos – Senior Recovery Coach/Assistant Psychologist
Mansoor Muneeb – Senior Recovery Coach
Laura Spalding – Senior Recovery Coach/Assistant Psychologist
Nina Nwaosu – Managing Emotions Programme Manager

The **Managing Emotions Programme** is a co-designed and co-delivered service created to fill the gap between primary and secondary care offering easy access to psychoeducational courses for people experiencing emotional intensity.



Where We Sit in the System



Emotional intensity is a common symptom of EUPD¹ diagnosis affecting 2.4% of people in the UK¹⁻⁹ which has a variety of negative consequences in people's daily lives²⁻⁹

Treatment options for EUPD

Evidence on the efficacy of pharmacology are mixed⁴⁻⁶

NICE guidelines recommend psychological treatments

Supporting evidence of psychoeducation as a treatment are emerging¹⁻³

Long waiting list and stigma can negatively affect treatment outcomes⁸⁻¹⁰

'These patients present with very distressing symptoms. Waiting lists for psychological therapies are often very lengthy so patients need to be provided with some symptomatic relief'⁷

Coproduction in mental health and EUPD

Coproduction as one of the four pillars for recovery oriented care¹¹

Those who utilise peer support experience improved social integration and self-confidence¹²

What MEP Offers...

COURSE	CONTENT	TOOL BOX of SKILLS
Course 1 1 x 2.5hr session	What are emotions? Why are they helpful? Strategies to help you cope when you feel distressed.	Distraction, Taking Opposite Action, Grounding, Challenging Thoughts and Self-Care.
Course 2 4 x 2hr sessions	Understanding emotions and the role they play. How emotions affect us in mind, body and behaviour. The Zone of Tolerance. Pros & Cons of behaviour. Begin to make positive change. How to set and achieve goals.	Stop. Breathing Techniques. Distraction. Self-Care. Grounding. Challenging Thoughts. TIPP technique. Opposite Action.
Course 3 8 x 2hr sessions	Emotional awareness and emotional regulation. Stress bucket. Mindfulness. Values. Acceptance. Schemas - challenging thought distortions. Managing Difficulty. Communication and Interpersonal Effectiveness.	Self-Care. TIPP technique. Opposite Action. DBT WHAT and HOW skills. PLEASE skills. Breathing techniques. Distraction. Grounding. Prompt cards.
Carers 3 x 2hr sessions	Understanding emotions and emotional difficulties. Impact of caring. Schemas. Bio-Psycho-Social Model. Skills development. Stress bucket. Strategies to help carers cope & manage their own wellbeing.	Interpersonal Effectiveness Skills (DEAR MAN, GIVE, FAST). Self-Care. DBT PLEASE Skills. Prompt Card.

Our Story So Far



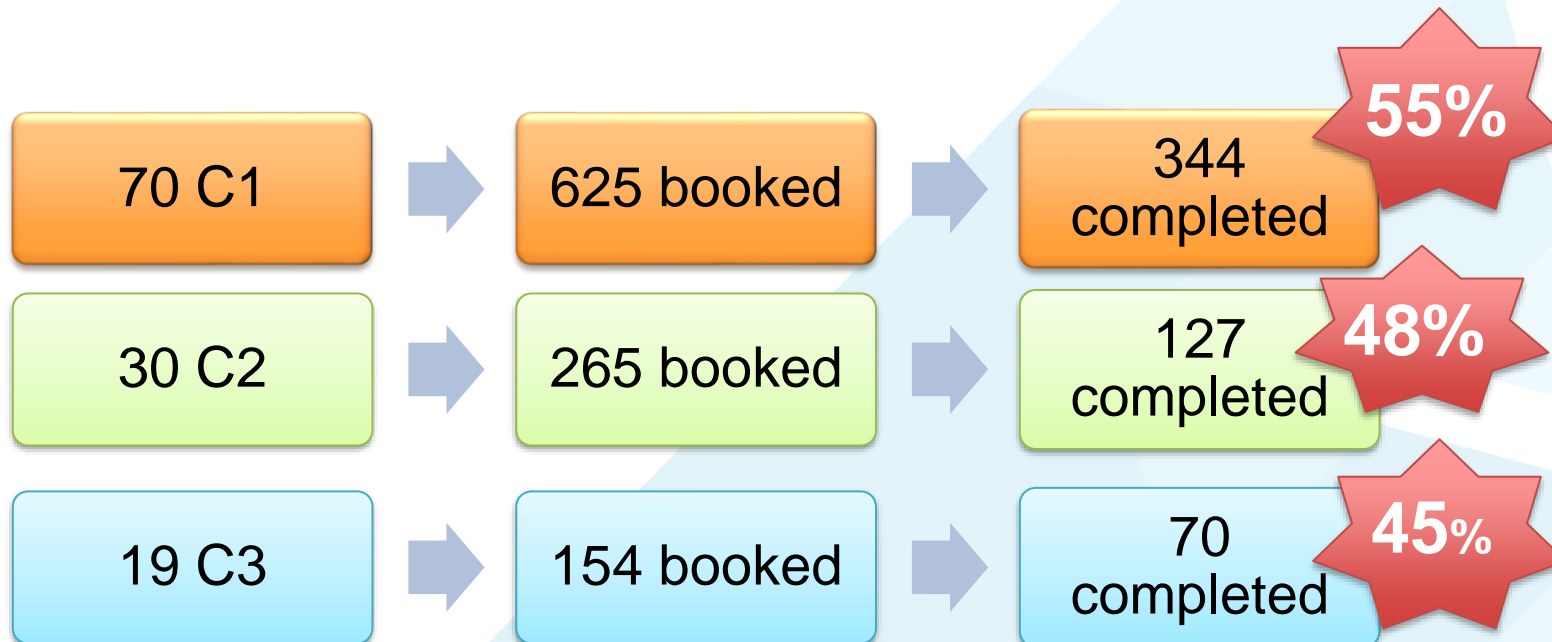


Population – Inclusion Criteria

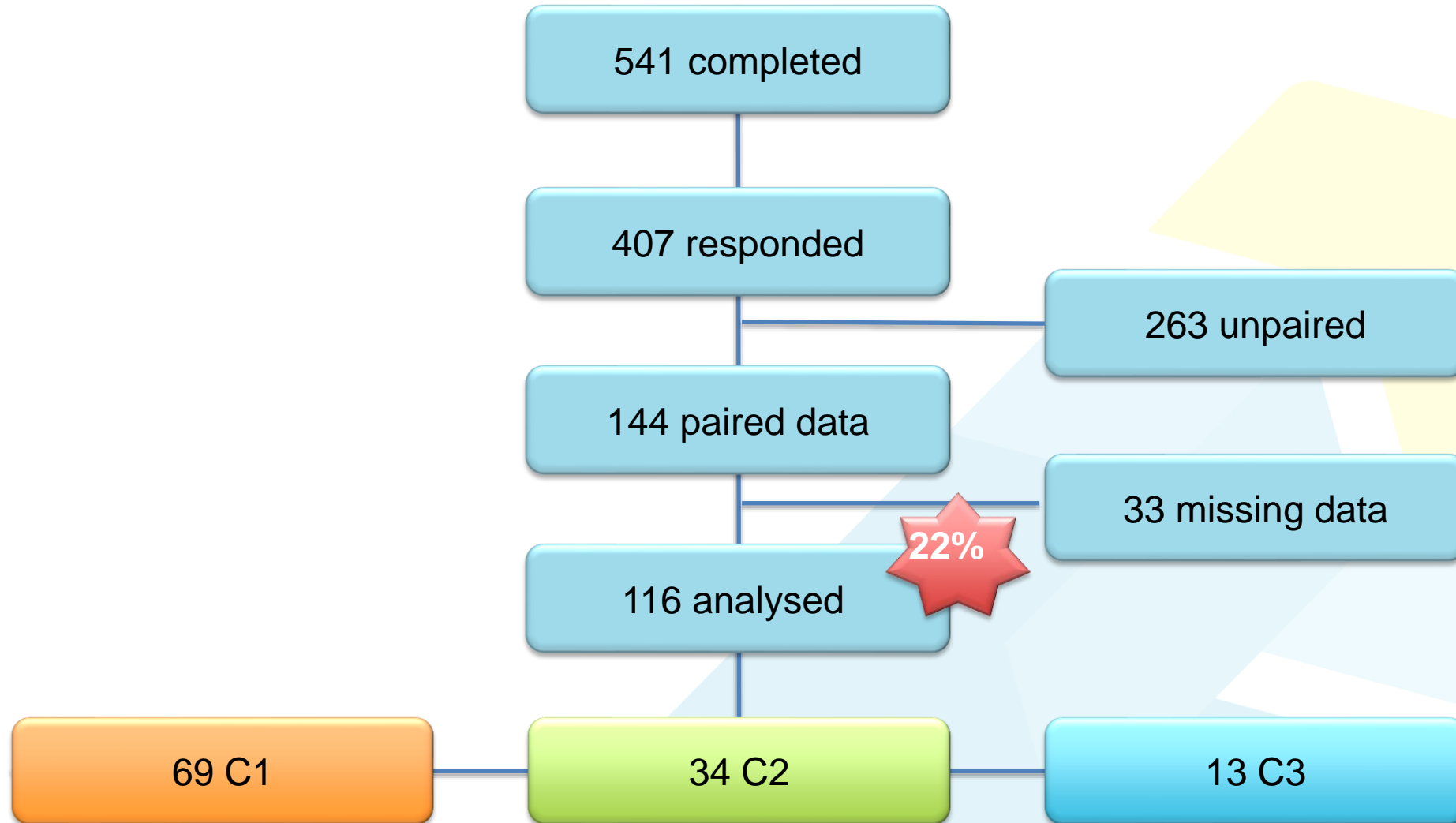
The study included;

- People with traits of personality disorders and/or emotion regulation difficulties
- People who completed the course between January and December 2022
- Responses which were matched before and after course completion
- Responses with no missing data

In 2022...



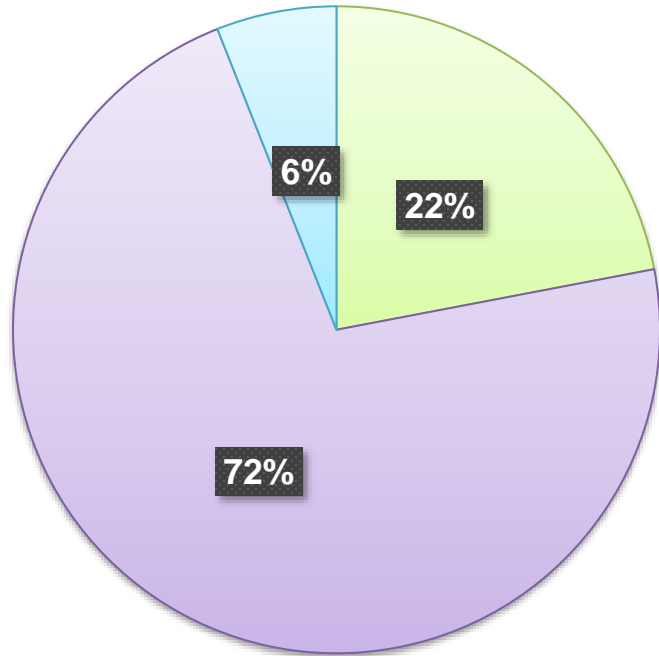
Population – Sample Size



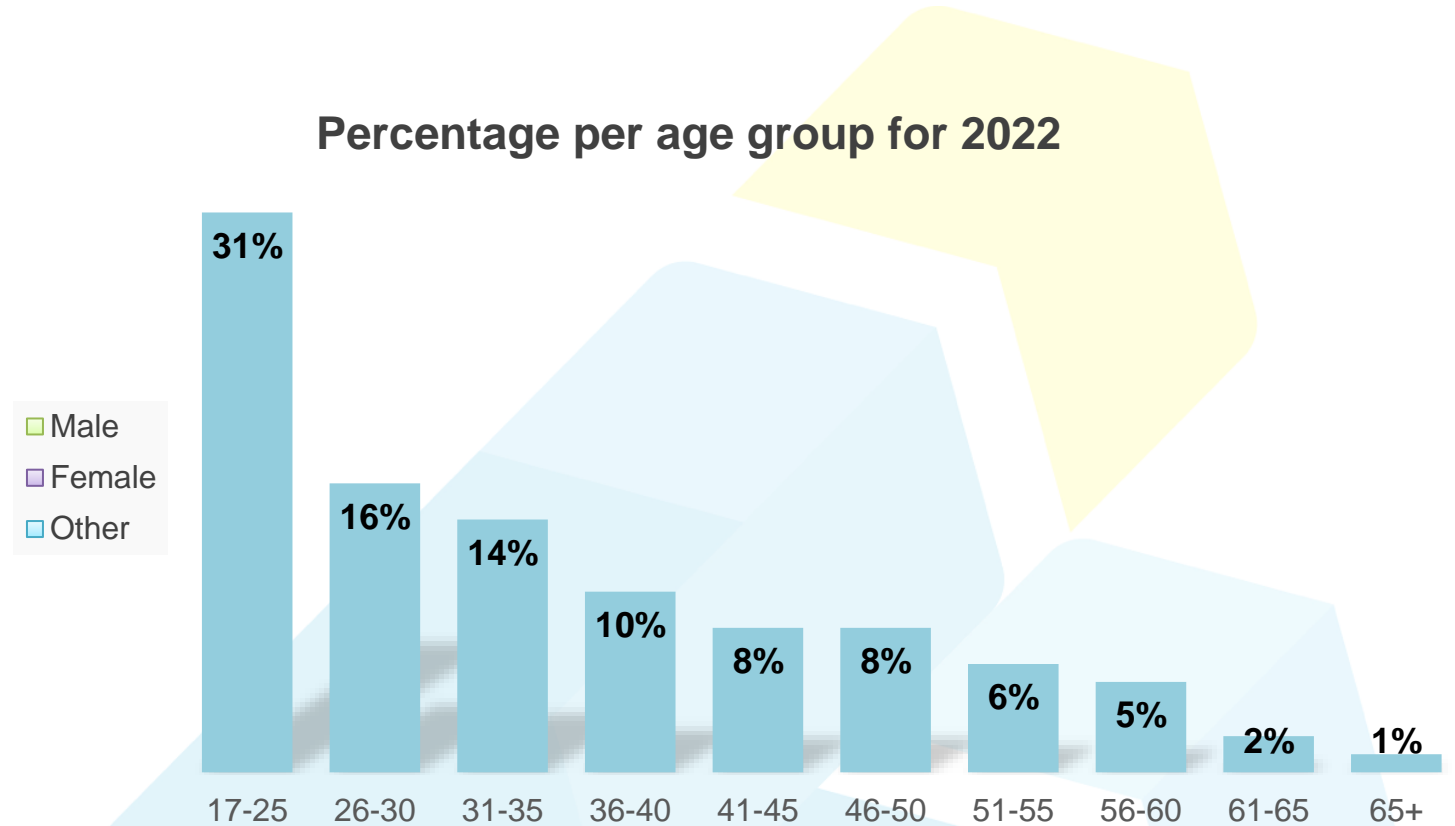
Population

➤ Mean age of 34.6 (17 years old to 65+)

Reported Gender in 2022



Percentage per age group for 2022



Questionnaire

- Administered before and after the course
- Adapted from the validated Health Confidence Questionnaire
- 4 Questions ;

- Scale 0 to 3 (0 = Disa
- Emotional Confiden

1. I know about my emotions

2. I can look after my emotions

3. I am involved in decisions about me

4. I can get the right help if I need it

Results



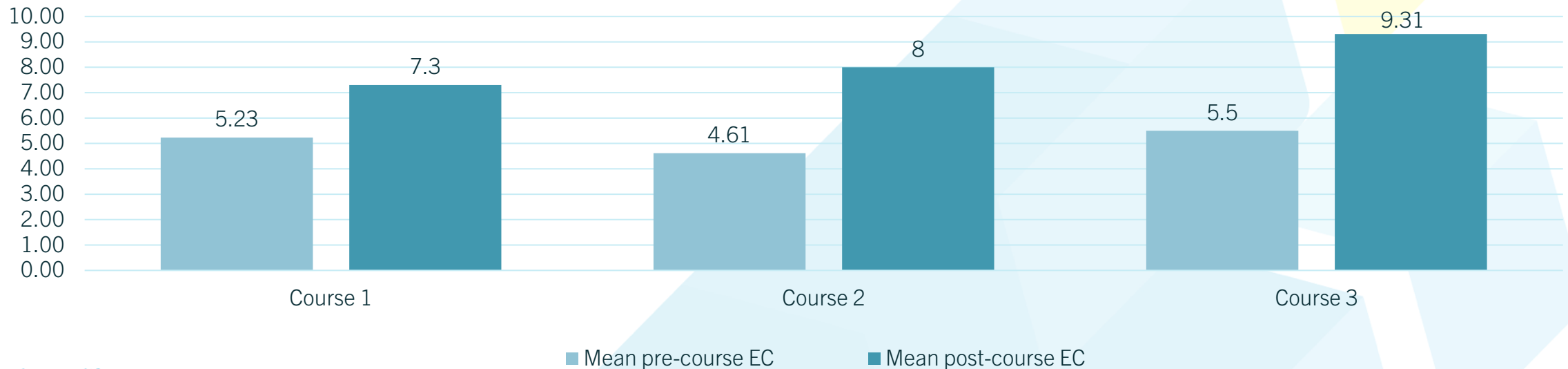
Descriptive Statistics for Emotional Confidence

Course type	Pre-Course	Post-Course
Course 1 (n=69)	5.23 (SD= 2.11)	7.30 (SD= 2.61)
Course 2 (n=34)	4.62 (SD= 2.22)	8.00 (SD= 2.24)
Course 3 (n=13)	5.54 (SD= 1.81)	9.31 (SD= 1.93)
Total (N=116)	5.10 (SD= 2.12)	7.73 (SD= 2.50)

Comparison of Pre and Post Emotional Confidence

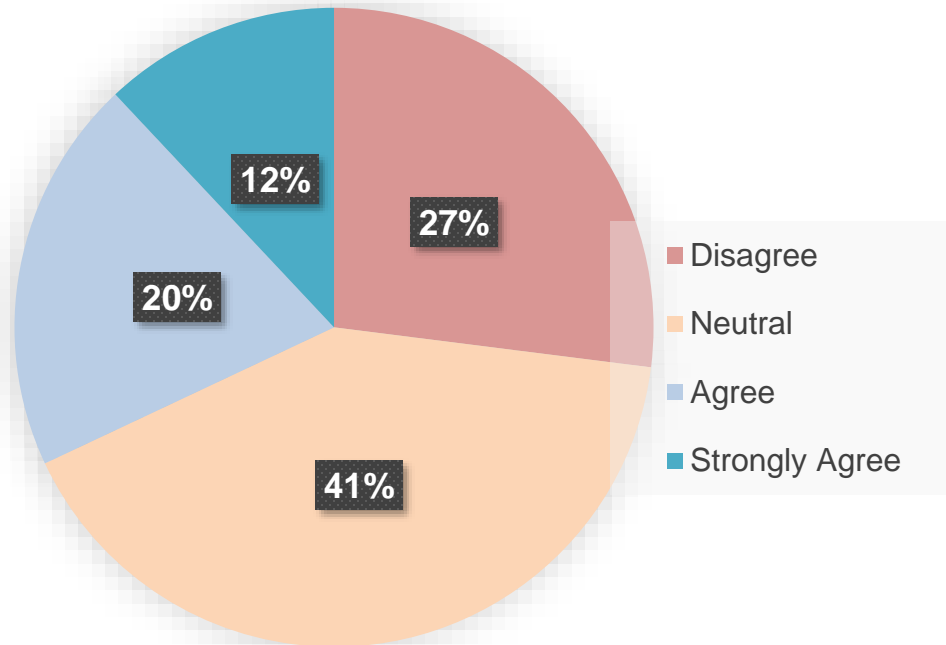
Paired samples t-test showed that the **mean emotional confidence scores across courses before the course** ($M=5.10, SD=2.12$) **were significantly improved after the course** ($M=7.73, SD=2.50$); $t(115)=-10.969, p<.001$.

Change in EC score per course

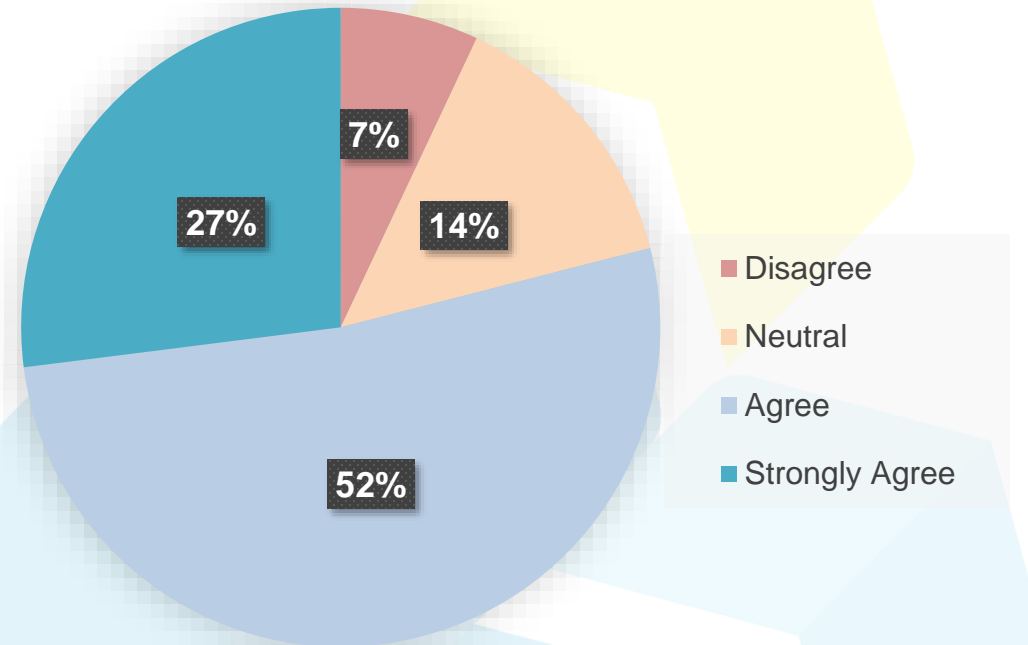


Improvement per Question – “I Know About my Emotions”

Before

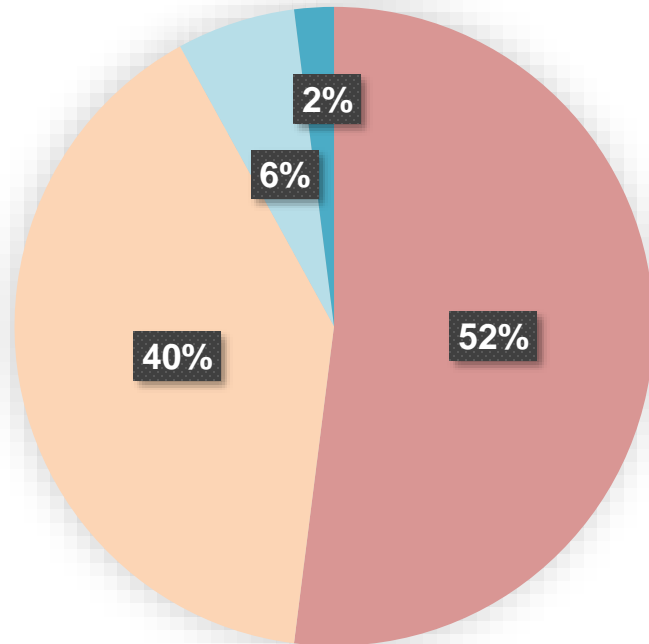


After



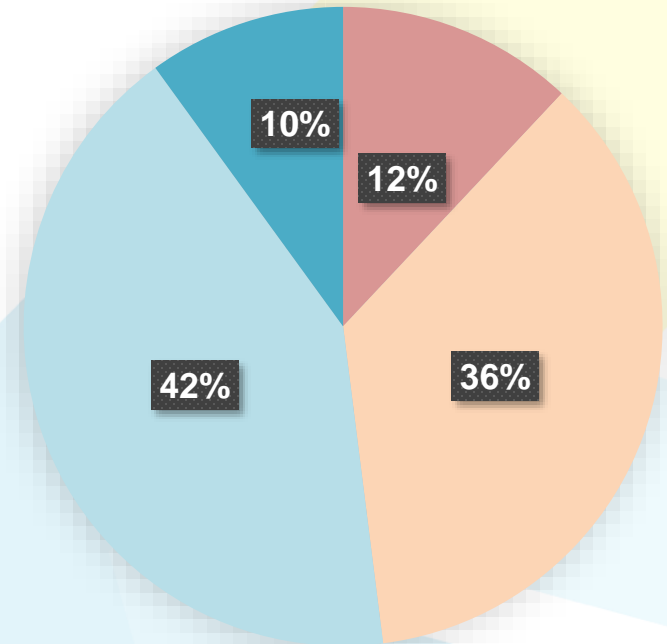
Improvement per Question – “I Can Look After My Emotions”

Before



- Disagree
- Neutral
- Agree
- Strongly Agree

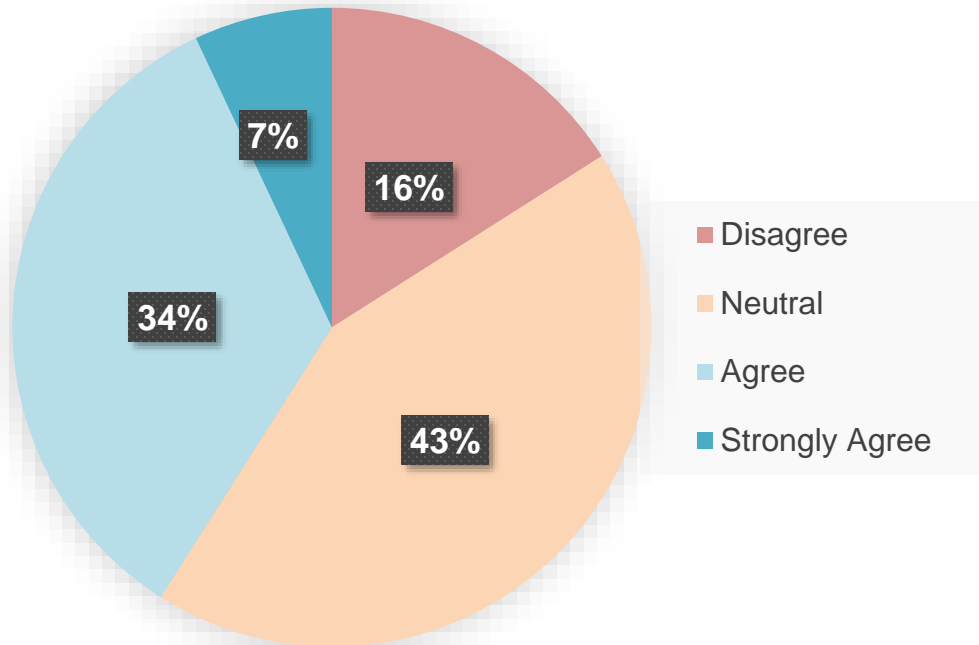
After



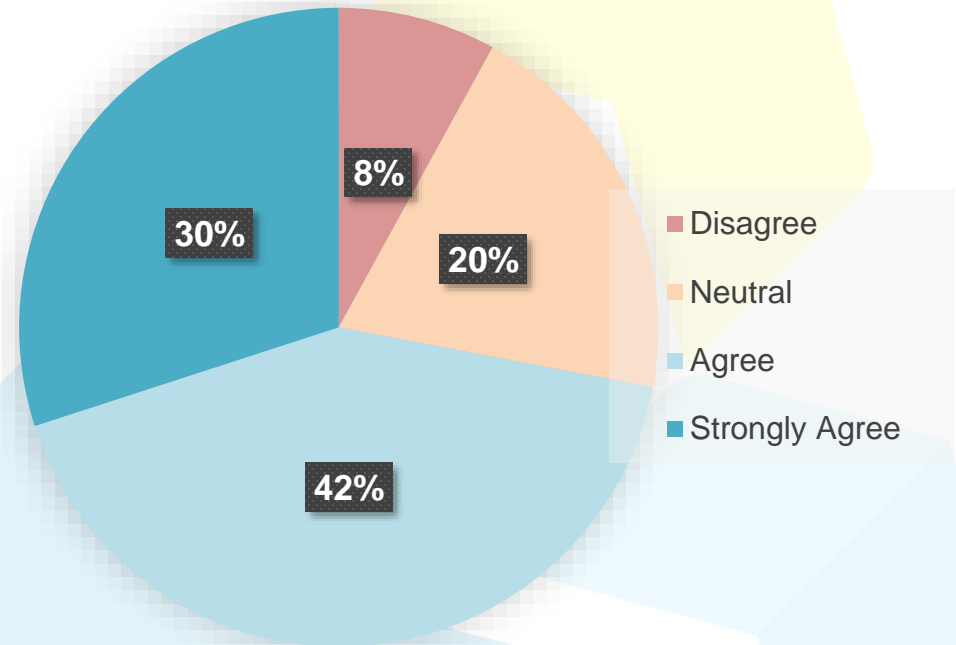
- Disagree
- Neutral
- Agree
- Strongly Agree

Improvement per Question – “I am Involved in Decisions About Me”

Before

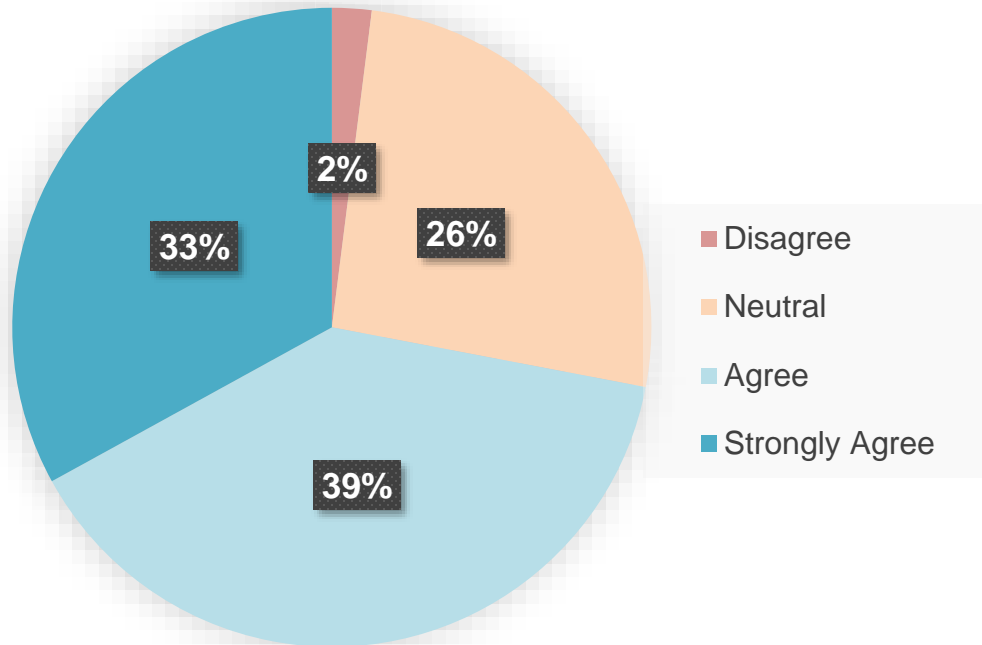


After

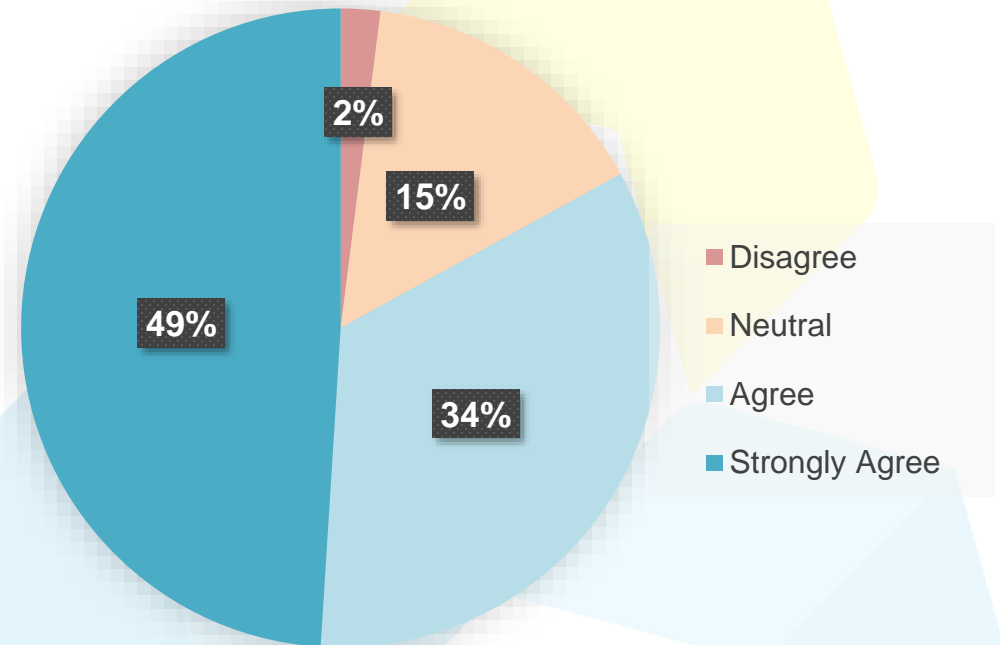


Improvement per Question – “I Can Get the Right Help if I Need It”

Before



After



Methodology for Qualitative Data



Surrey and Borders
Partnership
NHS Foundation Trust

[For a better life](#)



- ▶ The questionnaire included a non-prompt comment box both pre and post course
- ▶ Two coders identified themes based on comments before and after the course

Comments	Course 1	Course 2	Course 3	Total
Before	30 (46.9%)	12 (35.3%)	5 (38.5%)	47 (42.3%)
After	40 (62.5%)	20 (58.8%)	7 (53.8%)	67 (60.4%)
Total	70 (54.7%)	32 (47.1%)	12 (46.2%)	114 (51.4%)

How Were People Feeling Before the Course?

Difficulties with emotional awareness and management

“I find it difficult to identify triggers for my emotions, and at times even the emotions themselves.”

“Emotions just hit me like a train and I can't control them into rational thoughts and feelings.”

“...my emotions control me and I don't know how to control them at all. It is controlling my life and making every day a misery.”



How Were People Feeling Before the Course?

Frustration with healthcare services

“The right help” is very difficult to access, especially due to the NHS being under extreme pressure after being understaffed and underfunded by government for years.”

“I feel like it is difficult to make my problems understood. I feel like medical services don't take me seriously and I have been refused diagnoses before which is frustrating”

“I cannot get the right help when needed due to NHS criteria and therefore am left to my own devices with no support. This is incredibly frustrating when I know I need help and I gather the courage to admit that and ask for help and I feel like nobody will help me.”

How Were People Feeling Before the Course?

Expectations and concerns about upcoming courses

"I am so nervous in these courses, but I am trying very hard to do them as I think they seem to help a bit. Thank You"

"I was enrolled in this course, after a very hard year for my mental health and emotional stability in hope to gain further skills to help me manage my emotions"



How Were People Feeling After the Course?

Positive feedback about coproduction, facilitators and content

“The course leaders were very kind and compassionate and took time to acknowledge and respond to every comment made either verbally or in the written chat. They created a welcoming environment that felt safe to share our thoughts and feelings in.”

“Great educators, very informative and helpful.”

“Lots more coping strategies in my toolbox.”

“Made to feel welcome not judged really pleased I went and hopefully I will be able to go forward with my recovery and thank you all for your support.”

“It helps when the person doing the course is not a doctor. Just an everyday person like me and you so has been going through emotions and thoughts and totally understands where we are coming from.”

How Were People Feeling After the Course?

Positive feedback about group environment

“The facilitators were understanding and didn't pressure you to have input, which made me feel comfortable to come forwards with things I have experienced or felt, and I feel the group became more confident in speaking as the time went on.”

“Although anxious at first, I enjoyed the course being group based as it was helpful to know that you're not alone in how you think and interesting to hear other people's perspectives on things”

“Very personable, welcoming and caring. I felt listened to and understood. I could tell the other participants were opening up more and more as time went on. There was a great amount of comfort within the group.”



How Were People Feeling After the Course?

What Could Have Been Improved?

Organisation and Technical Difficulties

"I lost sound every time a new screen appeared. I had difficulty with my microphone on MS Teams, it wasn't working so I restarted MS Teams. It worked for a while then stopped working again."

"I find the only downside was the organisation, as the workbook was (not) sent out in physical copies so it was challenging to complete on my phone."

"The course went in one ear and out the other. I don't understand other people's emotions never mind my own"

"Lack of concentration and mental health difficulties as obstacles to benefiting from the course."

Strengths

- ▶ One of the first evaluations of psychoeducation and coproduction
- ▶ Paired data
- ▶ Mixed methods analysis

Limitations

Response rate
Questionnaire items and external validity
Some data dropped due to being unpaired
Generalisability

Conclusions

- ▶ Psychoeducation and interventions based on psychological theories like CBT and DBT beneficial for people experiencing emotional difficulties
- ▶ Findings supported the benefits of coproduction in services

Future Directions and Applications to Other Settings