Experiences of Teachers Working in an Adolescent Inpatient Mental Health Unit

Tom Heavey
Lancaster University
Outline
• Background
• Aim
• Method
• Results
• Discussion
• Questions
Background

- Teaching is an intrinsically emotional role (Anghelache, 2014).
- Research conducted in mainstream and special education settings suggests teachers are vulnerable to burnout due to high emotional labour of the role (Brunsting et al., 2014).
- Brunsting et al., (2014) suggest that factors at several levels contributed to teacher burnout, ranging from the personal, to school, to national.
- Burnout negatively impacts upon the student.
Background

- Working in inpatient mental health settings also at risk of burnout due to emotional labour of role (Johnson, 2011).
- No research into the experiences of teachers working in inpatient unit.
- Children with severe mental health difficulties have different educational needs (Bomber, 2007).
Government Educational Policy

• Under Section 19 of the Education Act (1996) local education authorities are obliged to provide education for all young people in their area, including those not attending school due to mental health difficulties.
What the School Looks Like

- Inpatient mental health unit and medium secure adolescent forensic unit.
- Schools within adolescent inpatient units vary in size, structure, environment and approach.
- Classes may operate with a 1:1 teacher-to-pupil ratio.
- Current study largest class 1:4
- Teachers have training in breakaway, physical restraint but are not required to have any understanding of mental health.
Aim

• To understand the experiences of teachers in this setting in order to identify potential ways that clinical psychology could support them.
Method

• Semi-structured interviews conducted with six teachers sampled from one service.
• Thematic analysis (Braun & Clarke, 2006).
• Seven themes related to the research question emerged.
Love and loss: relationship as keystone to education

- Natasha “I think relationship is huge, it’s a big factor”

- “It can be very difficult to do any work with them, because some of them can be embarrassed to show you what they’re doing and what they’re working at, cos it’s lot younger than where they’re supposed to be at, so you build up that confidence, and you build up that relationship, to help them let you in, and that’s what I found the best part and the most rewarding part of working with them” (Claudia)
1 Love and loss: relationship as keystone to education

- In mainstream you see them from five years and they grow up, whereas here you have to adapt your feelings, and you do get very close, the kids are unreal....and then you say goodbye, and you think aw, I wonder, and you never really find out and I think you have to build some sort of resilience with that, because there were some here I was really close to, so there’s that side, because it is a transient population, and that’s the nature of it, and I’ve gotten over that, and that’s it, and it’s okay, okay, okay (Natasha)
2 No man is an island: working collaboratively

• We have a handover, so from nursing staff, we get like what’s gone on the night before, so you’d know who was up and who was down, which is great. Or on occasion, such and such’s grandmother died, or her mum’s gone in’t hospital. (Maria)

• If a young person started talking to me about their illness we would just say, really this isn’t the place for it, it’s not appropriate here, if you really, really want to talk about it now I’ll get the nursing staff to come. (Joanne)
3 Great Expectations: pacing the work

- You have staff who think the young people are here for their mental health reasons and that’s the over-riding thing, on one side you have people saying, he needs his meds, this is a hospital and on the other you have people who are saying, I need stats, I need people sitting exams, you’ve got Ofsted coming, then you have us in the middle. There’s got to be a realistic perception from the academic side. Like how do you set targets for people who you don’t know will be alive tomorrow? (Natasha)
Discussion

• Consistent with previous research relating to educator burnout (Johnson, 2011). Suggests possible additional demands for this population due to uniqueness of this role.

• Consistent with the focus on the relationship in education with young people with developmental trauma (Bomber, 2007; Bomber & Hughes, 2013).
Service Recommendations

1. The role of relationship in education
2. Developmental trauma and mental health
3. The use of clinical supervision to support staff with the emotional labour of their work

Limitations

• Sample size

Future Research

Evaluate the outcomes of providing psychological support to this population.
So....

Questions ?