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Feasibility and efficacy of a guided self-help intervention in supporting mental health professionals in making decisions about disclosure of their own mental health challenges

Submission date
31/03/2018

Recruitment status
No longer recruiting

Registration date
19/04/2018

Overall study status
Completed

Last Edited
07/10/2021

Condition category
Mental and Behavioural Disorders

[ ] Prospectively registered
[ ] Protocol
[ ] Statistical analysis plan
[X] Results
[ ] Individual participant data

Plain English summary of protocol

Background and study aims
Research suggests that many mental health professionals experience mental health problems themselves but that many are reluctant to talk about their experiences ('disclose'). This is the case particularly in a work and professional context, due to fears about negative consequences and a perceived lack of appropriate support. This study tests the delivery and impact of a new self-help intervention (HOP-MHP, short for Honest, Open, Proud for Mental Health Professionals) that was designed to support mental health professionals in reaching decisions relating to the disclosure of mental health problems they may be experiencing or may have experienced in the past. Participants complete the HOP-MHP self-help guide to consider the potential benefits and costs of disclosure, and to help them decide whether, where and how they may want to disclose their experiences. They have weekly email contact with a researcher to keep them engaged with the study. Those in the intervention arm have the option of accessing a closed web-based peer forum where they can discuss their experiences and concerns generally and in relation to the HOP-MHP intervention with peers.

Who can participate?
The study is open to mental health professionals (including those in training) resident in the UK who have current or past personal experience of mental health problems, and who would like an opportunity to consider whether or not they would like to be (more) open about their experience in social and/or work settings.

What does the study involve?
Participants complete questionnaires about their current and past experience of mental health problems and their experiences of and attitudes to disclosure and help-seeking. Participants are then assigned at random to either the HOP-MHP arm or to the wait-list control arm. Those in the intervention arm are sent the HOP-MHP self-help guide, which consists of three sessions including exercises and tasks. Each session is expected to take approximately 1 to 1.5 hours to complete and participants are asked to complete sessions at a rate of approximately one session

per week. Once they have completed the guide (approximately 3 - 6 weeks later), they complete the measures again (Time 1) and are a sent a follow-up ('booster') session 4 weeks later. After this, participants complete the measures a third time and are invited to take part in a 30-minute telephone interview about their experiences of the self-help guide and completion of the measures. Participants are also given access to a closed web based peer support forum at the same time as being sent the HOP-MHP guide. Participants allocated to the wait-list control arm are asked to complete the Time 1 measures 4 weeks from baseline, and again after a further four weeks, matching the time points in the intervention arm. Once they have completed the measures at all three time points they are sent the HOP-MHP self-help guide and are also given access to the HOP-MHP peer forum. Participants in both study arms receive weekly emails from a member of the research team who guides them through the study. Participants in both arms also have access to relevant information via the project website, including information about resources providing support and advice, and their legal rights.

What are the possible benefits and risks of participating?
The intervention will not place any pressure on participants to disclose and will guide them in carefully weighing the potential benefits and risks of disclosure in different settings. It is hoped that completion of the HOP-MHP self-help guide will allow participants to feel less worried or stressed about disclosure and a perceived need to keep their personal experiences of mental health problems secret. There is a possibility that participants will experience distress when reflecting on their experiences, beliefs they hold about mental health problems, and stress related to disclosure and perceived need for secrecy. We feel that this risk is counterbalanced by the potential benefits of supported disclosure and a greater openness about personal experiences of mental health problems.

Where is the study run from?
University College London (UK)

Who is funding the study?
1. University College London (UK)
2. British Psychological Society (UK)

When is the study starting and how long is it expected to run for?
November 2016 to October 2019

Main contact:
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Contact information

Type(s)
Public

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Additional identifiers

Protocol serial number
HOP-MHP Trial

Study information

Scientific Title
Pilot RCT to assess the feasibility and efficacy of the HOP-MHP guided self-help intervention compared to a wait-list control in reducing stigma stress and disclosure distress among mental health professionals with personal experiences of mental health challenges

Acronym
HOP-MHP

Study objectives
1. Participants completing the HOP-MHP self-help guide will report decreased stigma stress, disclosure related distress, depression, anxiety, self-stigma, and secrecy compared to the control group after 4 to 6 weeks, and these effects will be maintained at 2 to 3 months.

2. Participants completing the HOP-MHP self-help guide will show an increased likelihood to disclose their current or past mental health challenges to others in their social or work circles compared to the control group after 4 to 6weeks, and these effects will be maintained at 8 to 10 weeks.

Ethics approval required
Old ethics approval format

Ethics approval(s)
This study was approved by the UCL Research Ethics Committee, 28/10/2017, ref:Project ID No: 9297/002.

Study design
This is a single-centre single blind 2 arm RCT comparing the combined HOP-MHP guided self-help intervention and access to an anonymous, closed web based peer-forum with a waiting-list control condition. Variable block randomisation will be used to allocate eligible participants who have provided written consent and completed the baseline measures to either the intervention or control group. Participants allocated to the intervention arm will be sent a digital copy of the HOP-MHP guide, and provided with details regarding how to access the HOP-MHP peer forum. Participants allocated to the control arm will be a wait-list control. They will not receive any intervention until they have completed the measures at the 3-months follow-up point, at which time they will be given access to the HOP-MHP guide and HOP-MHP peer forum. Participants in both arms will be sent weekly engagement emails.

Primary study design
Interventional

Study type(s)
Treatment

Health condition(s) or problem(s) studied
Mental health

Interventions
HOP-MHP is an adaptation of the original Honest Open Proud (HOP) programme (http://www.honestopenproud.org) manualised group intervention, developed by Corrigan et al. (2012), which comprises of three sessions and a booster session. The aim of HOP is to guide and support people in making decisions in different contexts about potential disclosure of mental health problems they are experiencing or have experienced in the past.
Given that many mental health professionals may be concerned about the potential negative effects of disclosure inherent in joining a group intervention, HOP-MHP takes the form of a guided self-help intervention, covers the same topics as HOP, and also uses a 3 sessions plus booster structure. The language, case stories, tables and work sheets contained within the original HOP manual and workbook were substantially modified with input from mental health professionals. Completion of the HOP-MHP self-help guide is supported through weekly emails sent by a named researcher who accompanies the participant from allocation through to follow-up. In addition, upon allocation to the intervention arm, participants are given access to a closed web based peer forum where they can discuss their general concerns and experiences in completing the HOP-MHP interventions with peers.

HOP-MHP is compared to a wait-list control. Those in the control arm are provided with the self-help guide and access to the peer forum upon completion of all follow-up measures.

Participants in the intervention arm receive the HOP-MHP intervention which consists of completion of the 3-session plus booster HOP-MHP self-help guide. The usual expectation is that participants will complete the 3 core sessions over 3 to 4 weeks, and the booster session about a month after the 3rd session. Participants receive weekly reminders by email to keep them engaged with the guide. As they move at their own pace though participants can take 3 to 4 months instead of the usual 2 months to complete the intervention.
Participants are allocated to either the intervention or control group on a 1:1 ration using block randomisation. Using Excel, a randomisation file with three separate sheets is set up. Participants who meet all inclusion criteria, provide written consent, and complete the baseline measures are allocated a study UI in sequential order of completing the baseline survey. The UIs are assigned a random number between 0 and 1 using the ‘Random’ function in Excel. Using the ‘Sort’ function, the random numbers (with associated UIs locked) are randomly sorted. In the third step, the randomly ordered UIs are allocated to the Intervention or Control arm on a 1:1 ration in blocks of 5, to ensure that the researchers are in ignorance of the next assignment in the sequence (Egan et al.2014).

Intervention Type
Other

Primary outcome(s)

1.Stigma stress is measured using the Stigma Stress Scale (Rüsch et al, 2009), which measures the primary appraisal of stigma as harmful and the secondary appraisal of personal resources to cope with stigma.

Outcomes will be measured at 3 time points in both the intervention and control group: baseline (T0), 4 to 6 weeks from baseline (T1), and 10 to 12 weeks from baseline (T2). Participants in the intervention arm complete the T1 measure after they have completed the 3 core HOP-MHP sessions, and the T2 measures after they have completed the booster session. Those who complete the core and booster sessions at a slower pace than intended will complete the outcome measures over a somewhat longer timeframe, of T1 up to 8 weeks from baseline and T2 up to 16 weeks from baseline.

Key secondary outcome(s))
1. Disclosure related distress is measured using a 16 item scale that assesses distress about keeping mental health problems secret and fear of others finding out, in relation to eight different types of relationships: friend, family member, member of course staff (if still in training), clinical supervisor or manager, a colleague, health professional (for example during a routine medical appointment), client they are seeing, service user groups, derived from Rüsch et al.'s (2014) one item assessing disclosure related distress.
2. Depression is measured with the Patient Health Questionnaire 9 (PHQ-9)
3. Anxiety is measured using the Generalized Anxiety Disorder 7 (GAD-7) questionnaire
4. Self-Stigma is measured using the Self-Stigma of Mental Illness Scale – Short Form (SSMIS-SF, Corrigan et al., 2011), adapted version with 15 items.
5. Secrecy is measured with the Secrecy Scale (Link et al., 1989), 9 items assessing an individual's tendency to keep their own mental health difficulties a secret
6. Likelihood of future disclosure is assessed using a substantially adapted 16 item version of the 6-item Disclosure of Lived Experience scale (Rüsch et al., 2014)

Outcomes will be measured at 3 time points in both the intervention and control group: baseline (T0), 4 to 6 weeks from baseline (T1), and 10 to 12 weeks from baseline (T2). Participants in the intervention arm complete the T1 measure after they have completed the 3 core HOP-MHP sessions, and the T2 measures after they have completed the booster session. Those who complete the core and booster sessions at a slower pace than intended will complete the outcome measures over a somewhat longer timeframe, of T1 up to 8 weeks from baseline and T2 up to 16 weeks from baseline.

Completion date
30/06/2019

Eligibility

Key inclusion criteria
1. UK based mental health professional, whether qualified or currently in training, and not yet fully retired.
2. Participants must self-define as currently experiencing psychological, emotional and/or behavioural difficulties that have diminished their capacity for coping with the ordinary demands of life, or as having experienced such difficulties in the past.
3. They must have either not disclosed their experiences of mental health problems, or only in some settings.
4. Not at acute risk, defined as not having experienced thoughts that they would be better off dead or of hurting self in some way nearly every day.

Participant type(s)
Health professional

Healthy volunteers allowed
No

Age group
Adult

Sex
All

Total final enrolment
61

Key exclusion criteria
1. Potential participants who are publicly ‘out’ about their current or past difficulties will not be eligible for the study.
2. Participants must be willing to complete the battery of standardised measures in order to take part in the research study, although they may leave individual items unanswered.
3. No personal experience of mental health problems
4. Fully retired from their post as a mental health service provider

Date of first enrolment
20/09/2017

Date of final enrolment
30/11/2018

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
Research Department of Clinical, Educational and Health Psychology
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Sponsor information

Organisation
University College London

ROR
https://ror.org/02jx3x895

Funder(s)

Funder type
University/education

Funder Name
British Psychological Society

Alternative Name(s)
The British Psychological Society, BPS

Funding Body Type
Private sector organisation

Funding Body Subtype
Trusts, charities, foundations (both public and private)

Location
United Kingdom

Funder Name
University College London

Alternative Name(s)
University College London in United Kingdom, Collegium Universitatis Londinensis, UCL

Funding Body Type
Government organisation

Funding Body Subtype
Universities (academic only)

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan

The datasets analysed during the current study will be available, after deidentification of individual participant data, upon request from the study lead (Dr Katrina Scior, k.scior@ucl.ac.uk). To gain access, data requestors will need to provide a methodologically sound proposal, and if approved, sign a data access agreement. Data will be made available from between 3 months to 5 years following publication of the findings.

IPD sharing plan summary

Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article		01/08/2021	07/10/2021	Yes	No
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes
Study website	Study website	11/11/2025	11/11/2025	No	Yes