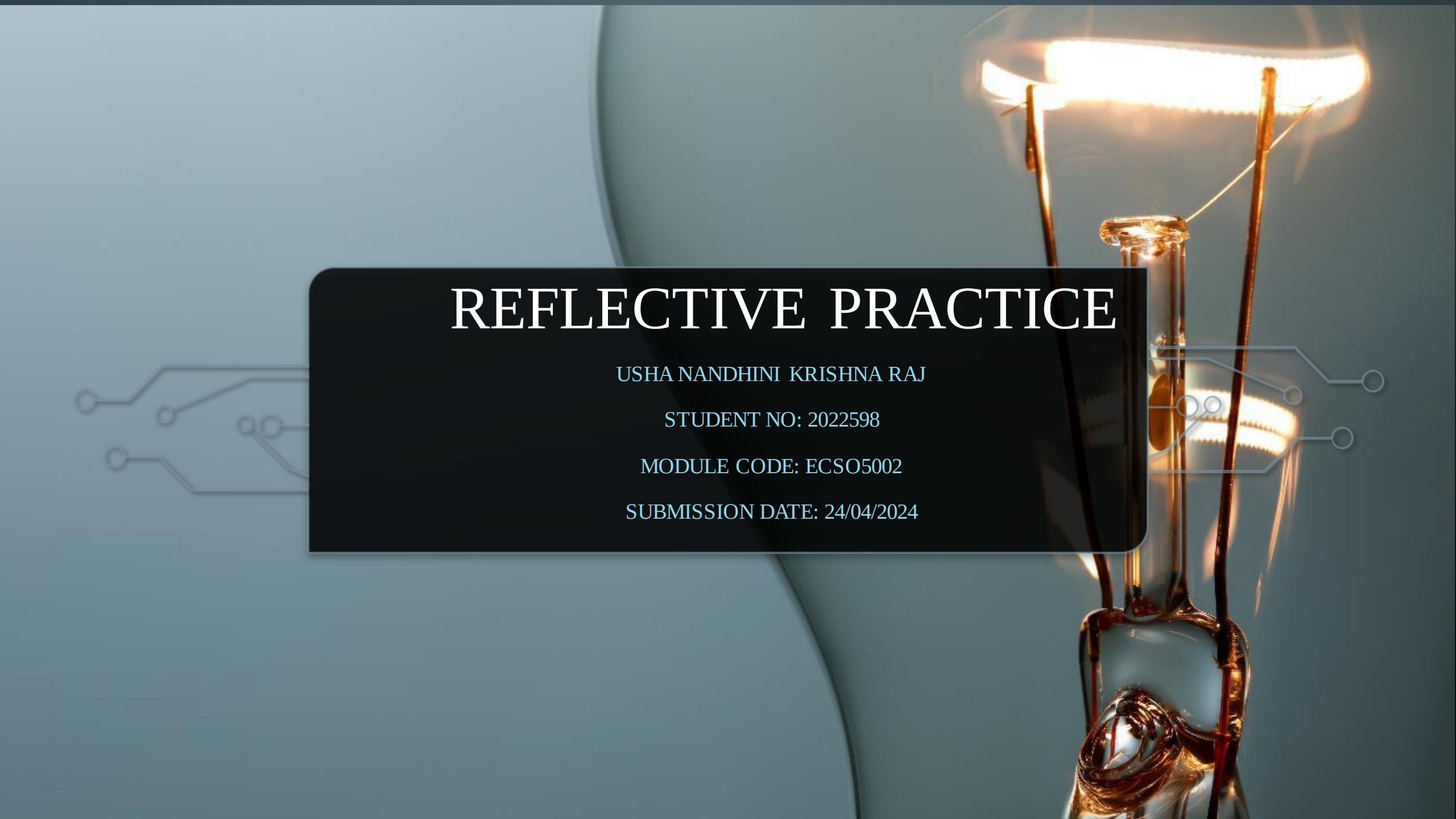




REFLECTIVE PRACTICE

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MODULE CODE: ECSO5002

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The Role of reflective practice in improving services in Mental Health Matters Wales.

Our Mission Statement:

"To promote the mental and emotional health and wellbeing of the public through the provision of Information, Advocacy, Training and Support"

(Mental Health Matters Wales, 2024)

MHM Wales aims to improve the life of people with mental health issues through advocacy services along with mental support services, thereby bringing betterment to their lives. (MHM Wales, 2024)

Kevereski, Kotevska & Ristevski (2016) remark mental health has a greater influence on people on their emotional, social, physical and cognitive health.

NICE (2022) recommends people with mental health disabilities to utilize the non-statutory advocacies due to the cost effectiveness and as they reduce medical interventions.



(Mental Health Matters Wales, 2024)

ADVOCACY SERVICES



IMCA SERVICE



PRPR SERVICE



LITIGATION FRIEND



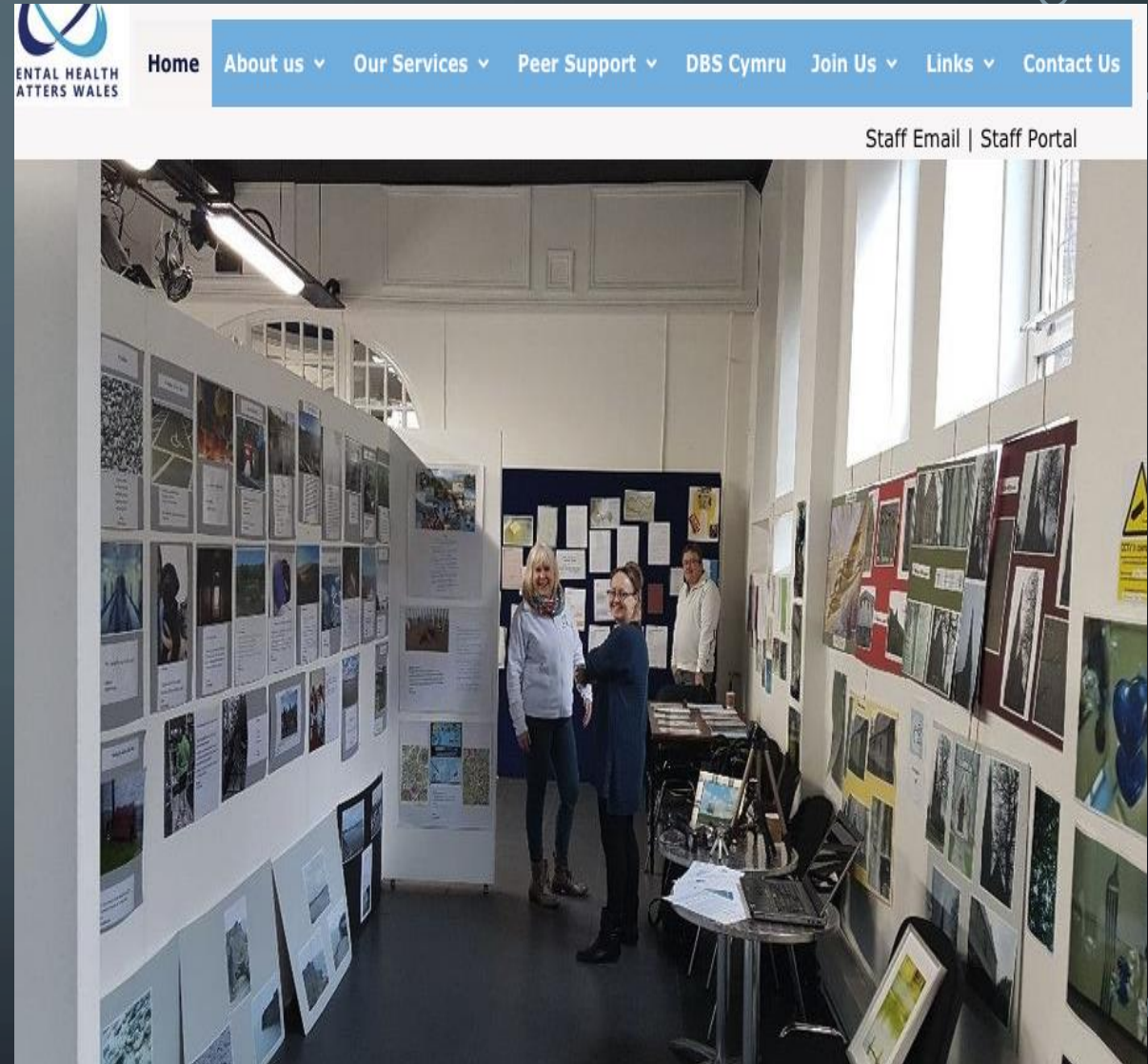
IPA SERVICE



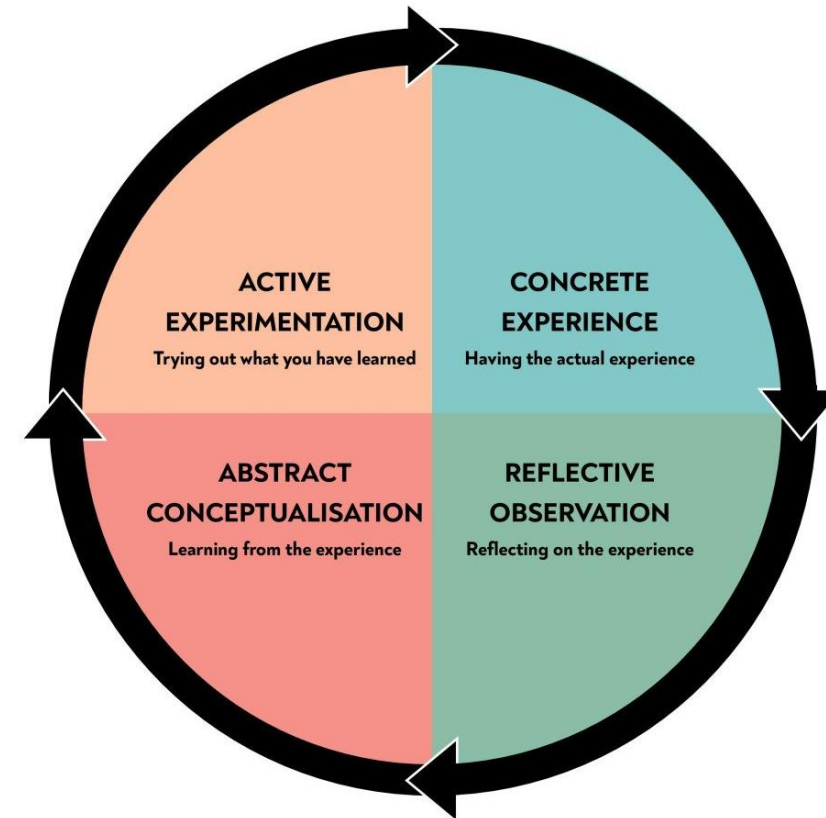
(Mental Health Matters Wales, 2024)

Now let's see how MHM Wales improved their services through their reflective learning and practices.

While the contents of this presentation involves evidences from scholar's views, legislations and MHM Wales's website, my depiction of **Kolbe's reflective learning theory** applied to the reflective practice followed in **MHM Wales** towards their augmentation, is based on my placement experience with MHM Wales where I attended induction & discussed their history with the **Advocacy Manager, Karen Williams & Volunteer coordinator, Michelle Williams** regarding the evolution of their services.



(MHM wales, 2024)



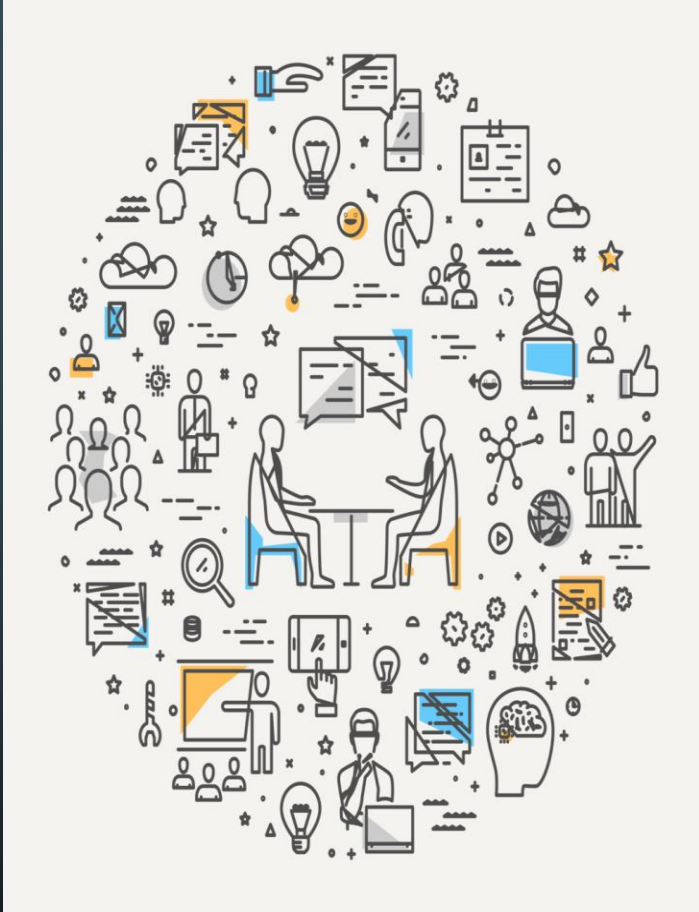
Concrete experience

Concrete experience involves individuals actively participating in an experience as a means of learning. (Chiu, 2019)

As Karoff, Tucker, Alvarez & Kovacs (2017) suggest the IMCA advocacy practitioners in MHM Wales engaged collaboratively with clients in immersive contexts that authentically captured present-moment experiences.

During this stage, as Van Houwelingen & other authors (2015) believed interacting with people in person is the major key of meaningful service, the IMCA practitioners involved directly face to face with the clients and maintained a sense of care and responsibility towards providing their service.

Advocacy practitioners performed their job of educating clients with their rights, however, there were times when they experienced things consciously, as Larsen (2017) suggests that experiential learning evokes intense emotional engagement.





(Mental Health Matters Wales, 2024)

Let's us see their concrete **experience**;

The Advocacy practitioners were advised to note down particular situations during the advocacy sessions and share their observation, feeling and thoughts on their experience later.

Applying the theory of **Kolbe (1984)** Concrete Experience of the Advocacy practitioners towards people with mental health problems can be explained by their answers to the following queries.

- ☐ **What was their Aim?**
- ☐ **What happened? How did they feel?**
- ☐ **What did they expect to happen?**
- ☐ **What surprised or puzzled them? Why?**

Let's see in detail;



What was the aim?

The aim and mission statement of MHM Wales is to foster the mental and emotional health and wellbeing of people by serving them with information, advocacy and support. (Mental Health Wales Matters, 2024)



(Mental Health Matters Wales, 2024)



What happened ? How did they feel?

In MHM Wales, while some of the clients with mental health problems benefitted with signposts to financial and medical support, there were some that did not expect financial or medical support and they self-advocated their need with the help of their carers.



The expression of new and varied needs of the clients perplexed the advocacy practitioners and they observed and understood clients' desperation to bringing change in their lives. This behavior of Clients developed new attitude, perspective, tolerance to novelty and cognitive flexibility within the practitioners, which aided them to connect practically with clients, just like teachers learning to build rapport with students by understanding their behavior. (Barnes, 2016)



(Mental Health Matters Wales, 2024)

What did they expect to happen?

According to [National Library of Medicine - Legal Right to Advocacy 1.3.3](#), local authorities, Advocacy services, social care and Health care providers should provide everyone in need of advocacy regardless of their legal entitlement, with information about what advocacy services are available to them.

Following this, the IMCA practitioners expected that even those clients with no legal entitlement would benefit by understanding their rights and obtaining support.

What surprised or puzzled them? What was their reaction?

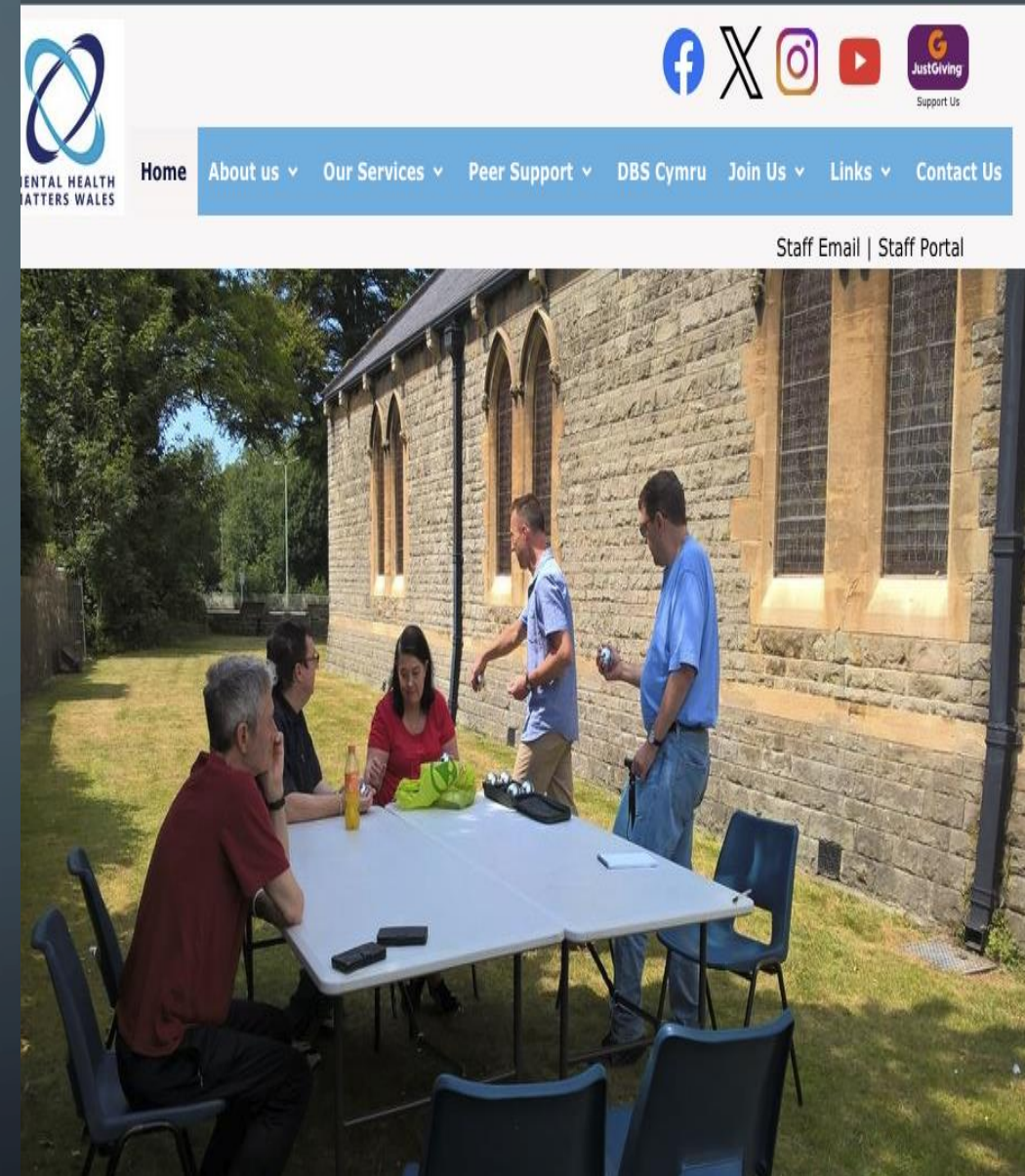
During the advocacy session, some clients paid no attention and were found not happy. Individuals with emotional disorder and mental health problems may have attention deficit behaviour, get distracted very easily and may not be able to make decisions of their own.(Asherson, et al, 2016)

Eventually, some Clients started discussing about their stigma, loneliness, lack of respect and social life which led to anxiety, depression and even intention to kill themselves, which Mcconnel and Savulescu (2020) believed to be the typical behavioral traits of individuals with emotional disorders.

The Carers expressed their frustration of not knowing how to handle this situation and thought the client will need to be hospitalized with this mental state, as Section 67(2) of the Care Act 2014 advises, individuals with mental health problems when assessed and found to have anxiety, depression, eating disorder etc can be hospitalized for 28 days or in a care home for 8 weeks.

However, most clients refused to visit hospital or care homes, which again puzzled the Advocacy practitioners.

This was the moment the IMCA practitioners performed reflecting and rethinking of their ideas, as Freshwater (2007) considers this demeanour to be the integral part of the reflective development.



MHM Wales Advocates' Reflection from Concrete experience

Helyer (2015) comments an individual's self-reflection on their work experience provides with a deeper knowledge that aids them towards their growth, challenges and areas for development.

As the author believes, the Advocacy practitioners in MHM Wales, during this stage, immersed themselves in their experience with the direct encounter with clients and had the feeling of curiosity, excitement and sympathy towards clients depending on the nature of the Client mental health issues. This lays the foundation for subsequent stages of reflection and learning.



Reflective observation

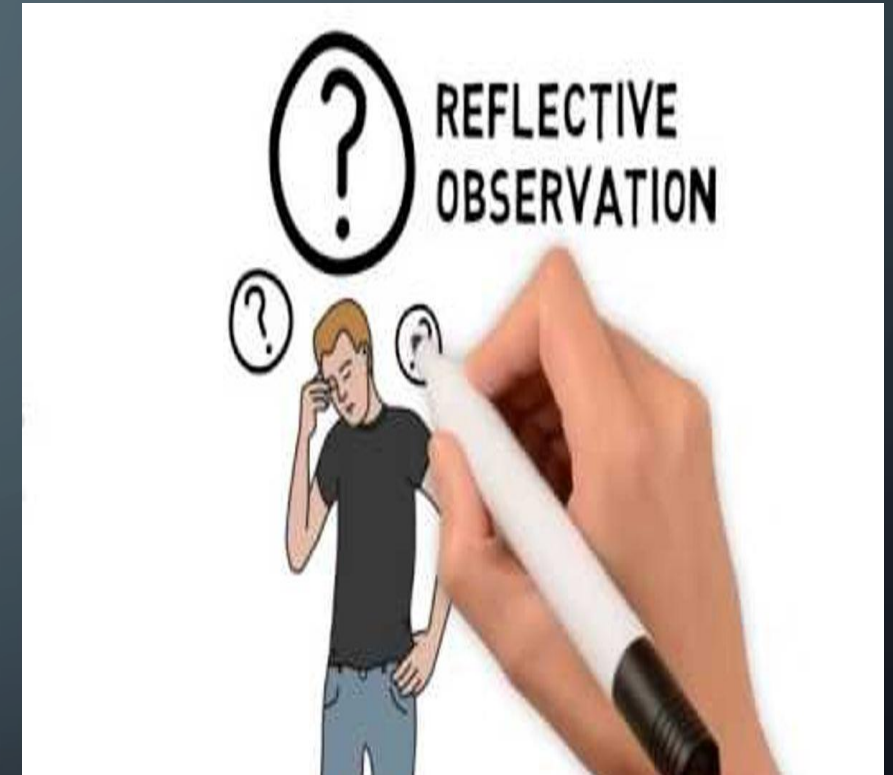
Mortari (2015) remarks Reflective observation is about reflecting on the experience that has happened.

At this stage, IMCA Practitioners were aware of what had happened and discussed their feelings and thoughts with their peer group, which gave them a chance to take a different, retrospective view on their practice and services.

According to Kolbe (1984) the second stage of reflective practice framework provides answers to the following questions.

- ☐ What went well?
- ☐ What didn't go well?
- ☐ What was the reason?

Now let's see this, associating with the reflective practice in MHM Wales.



What went well?

IMCA's Practice

Gather information:-

- Meet and interview the person.
- Examine relevant health and social care records.
- Ascertain the views of professionals and paid workers.
- Ascertain the views of anybody else who can give information about the wishes and feelings, beliefs or values of the person.
- Gather any other information which may be relevant to the decision.

(Mental Health Matters Wales, 2024)

Client's response

- ✓ Attended interview.
- ✓ Cooperated and answered the queries of IMCA.
- ✓ Carers provided necessary data about the clients.
- ✓ Client shared their feelings, wishes and beliefs.
- ✓ Provided information regarding their physical and mental health.

(Mental Health Matters Wales, 2024)

Sharing personal experiences through advocacy services play important roles in promoting diverse perspectives on mental distress. (United Nations Human Rights Council, 2017)

What did not go well?

IMCA's Practice

Evaluating information:-

- Check that the person has been supported to be involved in the decision.
- Try to work out what the person's wishes and feelings would be if they had capacity to make the decision and what values and beliefs would influence this.
- Make sure that different options have been considered.
- Decide whether to ask for a second medical opinion where it is a serious medical treatment decision.

(Mental Health Matters Wales, 2024)

Client's response

- ✓ Clients were supported by Carers to help decide, but clients showed behaviors of inattentiveness, due to the fact as advised by [Newbigging and Ridley \(2018\)](#) that those experiencing mental distress may find their engagement with mental health professionals significantly limiting, as it may diminish their experiences, intensify feelings of isolation and exclusion.
- ✓ Clients shared their actual feelings and wishes which were supported and respected by carers considering regardless of the clients' mental capacity.
- ✓ IMCA's option of visiting hospital was not considered by clients due to societal stigmatization. ([Farewell et al.,2024](#))

(Mental Health Matters Wales, 2024)

What was the Reason?

Some clients complained they deeply felt they were not respected in society and wanted a place where they can be respected and treated equally to find solace. (MHM Wales,2024)

Boardman (2011) advises patients with mental health problems get impacted severely with the feeling of being treated with exclusion in the society and they end up with no clue on how to find a place to explore happiness and peace.

Article 8 of the Human Rights Act safeguards them by ensuring respect for their private life.

IMCA practitioners analyzed the reason for the surprised demeanour of the clients & carers and realized they are supported by;

- ❑ Mental Health Act 1983 – Code of Practice Section 118 - 2B (a) that emphasizes respect for patients' past and present wishes and feelings.
- ❑ MHA 1983 - Code of Practice Section 118 – 2B (b) that emphasizes respect for diversity including religion, culture, age and sexual orientation.
- ❑ MHA Act 1983 – Code of practice Section 118 2 B (g) that emphasizes respect to the views of carers and interested parties.



(Mental Health Matters Wales, 2024)

MHM Wales Advocates' Reflection from Reflective observation

The IMCA advocacy practitioners in the MHM Wales experienced satisfaction initially when few things went well as expected, however when they realized few things didn't happen as expected, they were frustrated due to the confusion it brought in them.

Morris (2020) remarks in this stage of Kolbe's cycle one should contain the ability to reflect on and observe their experiences from various perspectives.

As author says, the practitioners observed their experience of feeling satisfaction and frustration during the session and gained valuable insights through the experience to reflect towards their professional growth.



Abstract Conceptualization:

This is the 3rd stage of Kolbe's Reflective cycle where Abstract conceptualization is performed through 'doing', 'experiencing' and 'reflecting' along with 'thinking' . (Bergsteiner & Avary, 2014)

According to Kolbe (1984) at this stage, new ideas are developed to improve the practice and are based on theory focusing on understanding the situation and building ideas to enhance the future experience; This stage finds answers to the following questions.

- ❑ What conclusion have you drawn from the experience thus far?
- ❑ What are the new ideas and how does the comprehension extend to wider concepts?

Now let's see this;



What conclusion have they drawn from the experience thus far?

IMCA practitioners understood, those that perform any form of advocacy must enhance their awareness; re-educate themselves and actively participate in their profession to understand and address the specific interests of clients. (Billingsley & Corey, 2018)

Hence IMCA practitioners conducted a session with the Clients and Carers to discuss their actual needs; conferred with peer group/Manager and came up with new ideas and concepts following;

Mental Health Act 1983 – Code of Practice Section 118 - 2B (c) which emphasizes on

- minimizing restriction on liberty for people with mental health issues
- Involving them in planning, developing and delivering care, treatment and service appropriate to them



What are the new ideas and how does the comprehension extend to wider concepts?

According to the [Department of Public Health Annual Report \(2023\)](#), engaging in art & sport related pursuits, such as singing, dancing, playing games etc can enhance the well-being and overall quality of life for adults, therefore the new services planned by MHM Wales were based on entertainment, relaxation and sports to support clients and promote a sense of joy and peace in them.

The New concepts aimed to create a Hub which involved activities like music, sports, arts and crafts etc and provided services like counselling, social – networking etc.

(Mental Health Matters Wales, 2024)





MHM WALES ADVOCATES' REFLECTION FROM ABSTRACT CONCEPTUALIZATION

D'Angelo and others (2023) comments this stage of Kolbe's cycle is characterized by an analytical process of making links between concrete experience and theoretical frameworks and it deals with making sense of the experience by interpreting it through the lens of existing knowledge, theories and concepts.

As per the author's comment, the Advocacy practitioners in the MHM Wales experienced feelings of analysis, interpretation and formulation. They were intellectually engaged to understand the broader principles and implications of their experience. They experienced the emotion of clarity at this stage which led them to think through and plan new and broader concepts towards the well-being of clients involving entertainment, sports, social networking etc.

Active Experimentation:

This is the final stage of Kolbe's reflective practice framework.

According to [Horton-Deutsch \(2012\)](#) active experimentation is actioning on the experience by considering the action in practical world.

According to [Kolbe \(1984\)](#) this stage finds answers to the following questions;

- ☐ What was the action plan?
- ☐ How was it carried out?
- ☐ What was the outcome?

Then the cycle is repeated.

Let's see this associating with the Reflective practice of MHM Wales;



What was the action plan?

Pelgrim et al (2013) comments action plans are significantly important as they provide a structure for considering the efficient completion of a project.

Mental Health act 1983 – Code of Practice 118 - 2 C advises that there is a huge concern towards provision of resources and services to people that suffer with mental health problems, however limitation are put across for an efficient use of the resources and an equitable distribution of services.

Following this, MHM Wales (2024) framed the action plan as below;

- ⑩ Understanding the Client needs.
- ⑩ Framing the strategy
- ⑩ Planning Resources
- ⑩ Organizing location
- ⑩ Arranging finance
- ⑩ Recruiting staffs and volunteers
- ⑩ Reaching out to obtain the required support
- ⑩ Promoting the services
- ⑩ Evaluation and Feedback from clients



Ho

How was it executed?

Burns and Danyluk (2017) advise establishing an environment conducive to the requirements of the clients is an important aspect of service.

According to this, MHM Wales performed the following steps;

- Volunteers were hired
- Workplace extensions were made.
- Brochures were distributed.
- Gradually the New Services were launched one after the other.

(MHM Wales, 2024)

Let us see what were the New services launched



**SHARE
(SELF-HARM)**



2013

**TALKING
CONNECTIONS**



2015

**DEMENTIA
HUB**



2016



**SORTED
(EATING DISORDER)**



**WELLBEING
HUBS**



2017

2013



- Self-Harm Awareness Recovery Education
- to support clients that has or had tried to harm themselves. (MHM Wales, 2024)

2015



Talking connections is a community-centered counseling service addressing the mental and emotional well-being of adults aged 18 and above within the local area.
(MHM Wales, 2024)

2016

**DEMENTIA
HUB**



(MHM Wales, 2024)

**WELLBEING
HUBS**



(MHM Wales, 2024)

To support people with dementia and other mental problems

**SORTED
(EATING DISORDER)**



(MHM Wales, 2024)

To support people with eating disorder

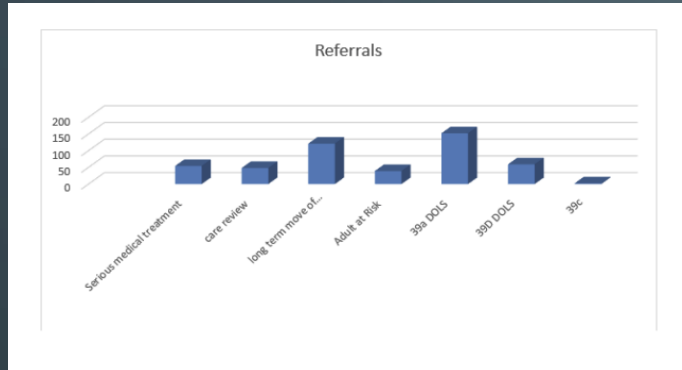
2017



LINKS provides specialized support tailored for individuals aged 16 to 25 to enhance their well-being.

(MHM Wales, 2024)

What was the outcome?

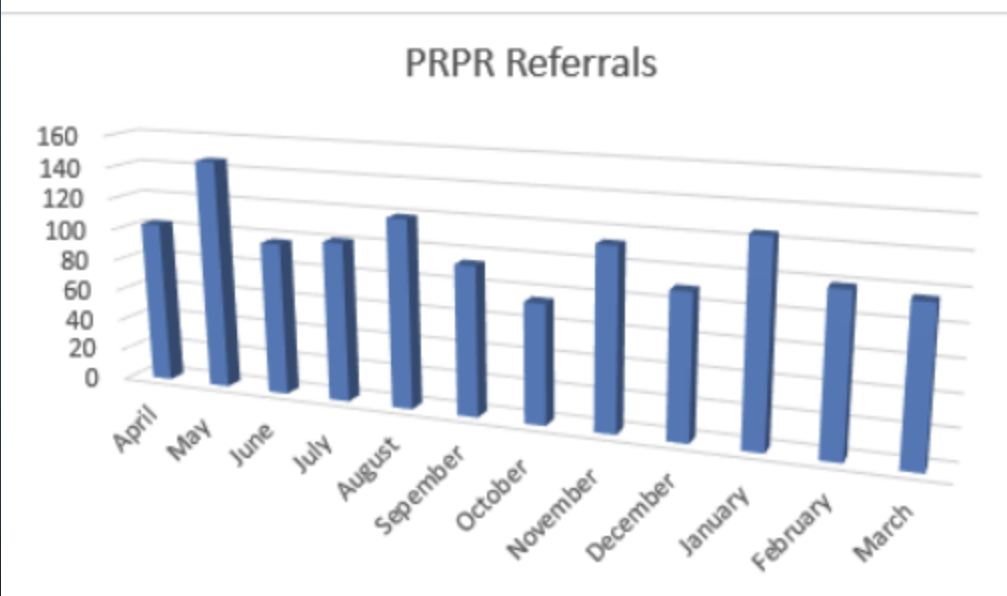


The services received a Total of 475 of referrals during 2022-2023 this is an increase of 21% on the previous year. There are two teams of dedicated IMCAs working across these areas.

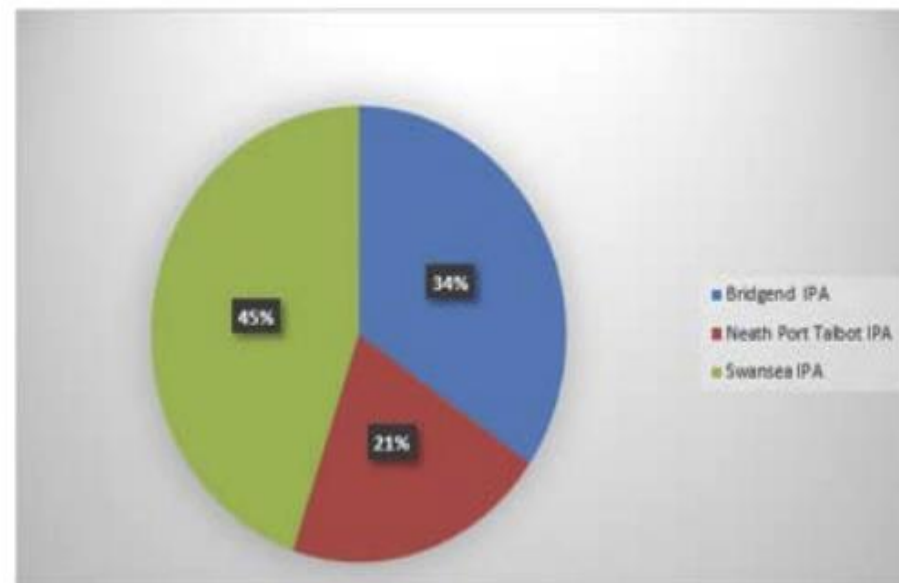
The Clients found motivation through SHARE, Talking connection, SORTED, Dementia Hub etc; they enjoyed the music sessions, short walks, arts & crafts and found the place with solace and peace through counselling and socializing.

(Mental Health Matters Wales, 2024)

The service received a total of 1266 Referrals over the past year.



During 2022-2023 MHM Wales received a total of 243 referrals across the three services.



Mental Health Matters Wales (2024)

Feedbacks from Clients



s lives)

(Mental Health Matters Wales, 2024)



MHM WALES ADVOCATES' REFLECTION FROM ACTIVE EXPERIMENTATION

Kassan and Green (2018) remark that new understanding is applied in different situations and experiments are carried out with a strategy; once outcome is received, either positive or negative, the lesson is learnt.

As per the author says, the advocacy practitioners executed their new concepts and ideas from concrete experience, reflective learning and abstract conceptualization. The Advocacy practitioners experienced curiosity, excitement and anticipation during this process as they applied their insights and knowledge obtained from reflection to real-world situations.

Conclusion

Mental Health Wales Matters evolved from Advocacy service to Overall Well-being services to people with mental health issues and have been benefitting enormous clients through their advocacy practitioners and volunteers who have progressed immeasurably through their reflection and reflective practice, thereby contributing to the upliftment of lives for people with mental health problems and contributing to the growth of MHM Wales.



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A top-down view of a desk with a light-colored wooden texture. In the center is a spiral-bound notebook with a white page. The words "THANK YOU!" are printed in a large, bold, sans-serif font. "THANK" is in black, and "YOU!" is in black with a red exclamation mark. To the top left of the notebook are a pair of gold-rimmed glasses. To the right is a silver and black ballpoint pen. To the bottom left is a small white pot containing a green succulent plant. A black circular object is partially visible at the bottom right.

**THANK
YOU!**