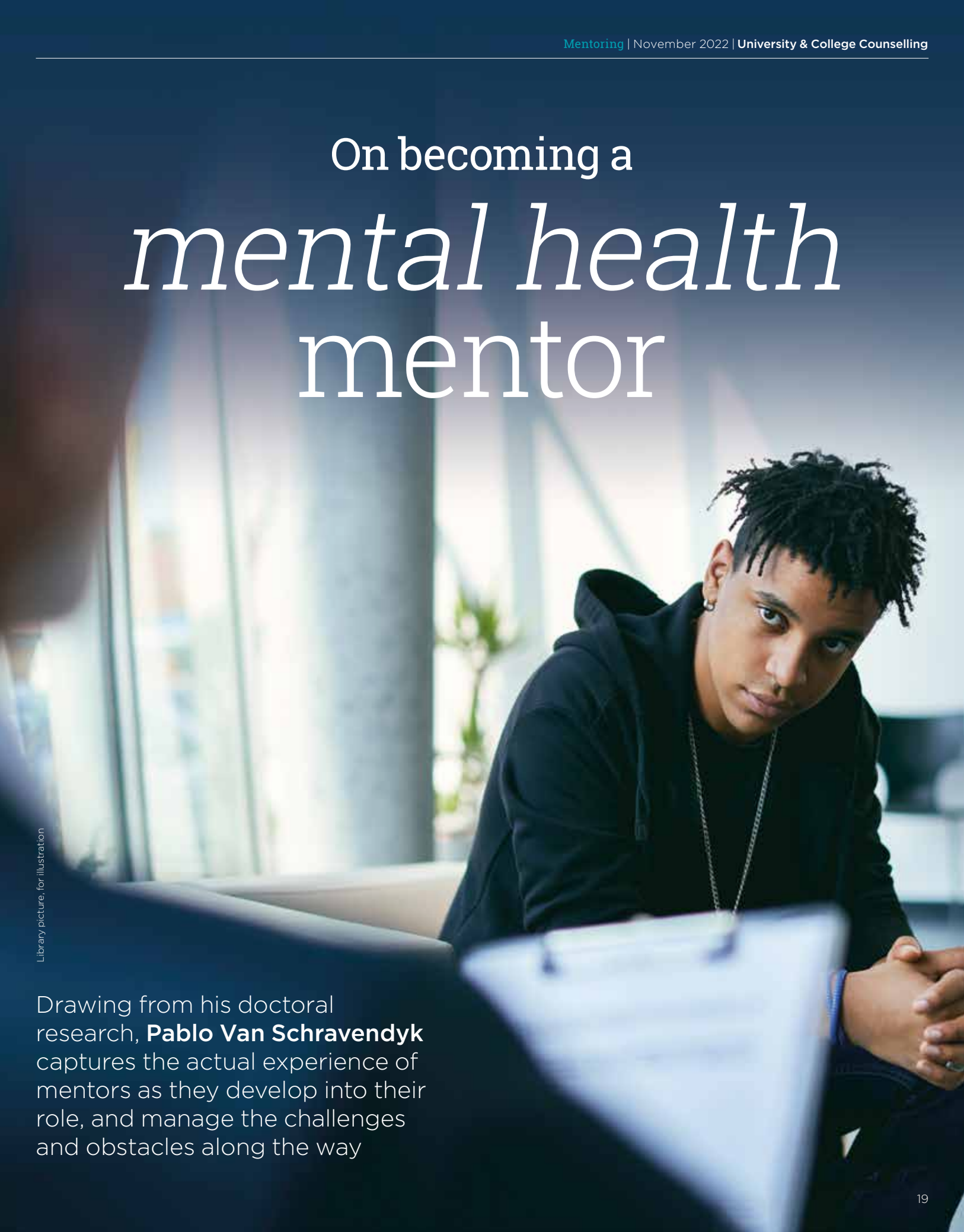
On becoming a *mental health* mentor



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Drawing from his doctoral research, **Pablo Van Schravendyk** captures the actual experience of mentors as they develop into their role, and manage the challenges and obstacles along the way

Introduction

From 2011 until 2020, I worked as a part-time, self-employed mental health mentor for a university and job-shared a mental health advisor role with a colleague for the last couple of those years. We were few in number, counselling trained and primarily worked alone. I drew upon my experience of developing staff in counselling services and my therapeutic work with young people, and I perused Megginson and Clutterbucks' *Techniques for Coaching and Mentoring* to assuage my anxiety over how on earth I was going to approach this new work.[1] Very quickly, I adapted my practice-led approach to therapy, feeling the edges of the mentoring role as each student relationship and their presenting challenges unfolded.

I encountered the hard facts and feelings of failure, such as the wrong mentor-mentee fit, the impossible end-of-year allocation of a struggling student, and the untold numbers of mentees sitting on NHS waiting lists, impacted by dire personal challenges. Alongside this, I felt peak experiences of elation, deep relational connection and co-discovered life wisdoms with students from all over the globe. Language would often fail me when attempting to articulate and capture the essential qualities of my experience that make mentoring what it is. Mental health mentoring practice thus became the flag I flew when entering a psychotherapy doctoral programme, and which spurred me on to move beyond my subjective and rather isolated experience, to research this question:

What is the actual experience of specialist mental health mentors developing their role and approach to mentoring university students and the challenges they encounter?

Throughout this article, I will share the themes I drew out from my doctoral research pilot study and interpreted reflections on the meaning of the experiences shared by participants. I will share how I chose my focus, and identify some key contextual factors contributing to the meanings of mentor experiences. When I refer to *mentors*, I use this term to abbreviate the cumbersome *specialist mental health mentors*.

For some participants, the emergent experience of *becoming* a specialist mentor is almost indistinguishable from the task itself. Through their experience of how mentees engage, a relational and holistic attitude, coalesced with the mentor's embodied knowledge and way of being, the focus and parameters of the work are created. The organisational and cultural dynamics of the mentoring context also contribute undercurrent feelings of mentor disgruntlement and an experience of displacement. The three themes that I identified from 16 survey and three interview participants' contributions, were displacement, activation and emergence. There is a symmetry to these thematic experiences, for both mentor and mentee.

The standards for assessing the disability needs of students, and provision of individual allowances such as technology assistance and their providers, were set by the Disability Students Allowance Quality Assurance Group (DSA-QAG), until its disbandment in December 2019. The DSA-QAG stipulation for mental health experience and professional membership of an associated professional body (not exclusively, but skewed towards) does invite the question of how psychologists and counsellors develop their approaches to mental health mentoring.[2] The remit of my doctoral programme is to contribute knowledge to the field of psychotherapy, and to argue my case for why researching mentoring practice matters – another reason for this choice of participant selection. I will say more about this later.

One voice initially stood out in response to my questions of the similarities and differences between participant approaches to mentoring, and previous counselling experience:

'Indeed, you calling us "counsellor-mentors" does nothing and doesn't stop the lines being blurred… I do not offer therapeutic support in my mentoring role (and in fact am told not to do so by my employer).'

The question of what role counselling might have in the mentoring field is not a new one. *The Situational Mentor* offers a scoping of mentoring research themes across the field in the mid 2000s.[3] Several of the book's contributors offered their perspective on this question, from *absolutely not* (as the participant above echoes) to the caveat that the value of counselling is situation specific. For example, counselling skills can add to the effectiveness, competence and skills of mentors. Mentoring is acknowledged to have a psycho-social component that promotes the personal development of mentees, through 'non-directional' nurturing. And an additional perspective is that a model of self-regulation may be invaluable to understand how feelings can be altered to facilitate mentee goals.[4]

I hope I've provided a flavour of my motivation to research mental health mentoring, my personal relationship to this practice and why I started to question how psychological experience may influence how some mentors approach their role. I would like to now share a little about the individuals who contributed their experiences and my approach to identifying the inherent and underlying meanings of their experiences.

Who contributed their experience?

Sixteen university mental health mentors participated in my survey and three also consented to being interviewed. The participants had professional backgrounds as psychologists, counsellors and psychotherapists, as well as University Mental Health Advisor Network (UHMAN) specialist route mentors and social workers with mental health backgrounds. Eleven worked for private mentoring companies, the remaining for universities, with a mix of employed and self-employed status within each sector. Each mentor had three years' minimum experience in a therapy-related role (maximum 15 plus years for one person) and two years as a mentor (maximum eight to nine years).

All were working remotely or in combination with a campus base as we were in the second wave of the COVID-19 pandemic, and mentors referenced current and pre-pandemic experiences. Geographically, mentors were working across Wales, the South, London and the South-East, Central and West Midland regions of England. Half had worked with more than 20 mentees in the previous 12 months (the remaining less) and nine also mentored international students.

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Interpreting the meaning of participant experience

Through my methodology *(interpretative phenomenological inquiry*), I was not seeking to understand how mentors made meaning of their own experiences.[5] They were invited to simply answer open-ended questions in any way they chose. These included questions on the similarities and differences between their approaches to counselling and mentoring practice, how mentors developed their approach, challenges and ethical dilemmas working with student-mentees, and how mentors felt about their role.

One research challenge in using an interpretative, phenomenological methodology is that participants may not recognise the essential meanings I identified *through* the experiences they chose to share.

This meant I needed to include my embodied experience as I read, listened and interviewed; such as noting the moments when they were energised, through capturing nuanced or poignant illustrations of experience; or when interviewees seemed particularly animated. This process contributed to identifying what seemed to be particularly essential about the experience of being a mentor. This process may resonate with readers whose therapy approach uses awareness of their embodied, phenomenological experience of clients.

By its very nature, a questionnaire invites brief feedback – I received 136 responses to nine questions. To bring these contributions alive, I recorded them. On my walks, with headphones on, I listened repeatedly to the cacophony of contradictory voices in my head. Part of my analytical process (in addition to a thematic analysis) was to write descriptive reflections, such as this one:

The conflicting situational differences between mentor approaches is like being in a choir without a leader, with the altos telling the basses when to come in and what part to sing, in different keys with different timings. Sometimes, we can't even agree to sing the same song.

Clutterbuck, a leading practitioner of mentoring in the UK, and writer on the subject, places a greater importance on the mentor and mentee having a clear and mutual understanding of each other than having a shared definition for mentoring across the field.[6] While the findings of this research may not be generalisable – that is, true for all other mentors working in the field – the essential findings of a phenomenon can be described as having intrinsic generality (they resonate with your own experience). My hope is that these descriptions resonate with the readers of this journal.

The themes of emergence, activation and displacement

Mental health mentor roles, and mentoring itself, are inextricably defined through mentee experience and how they arrive in the mentoring space, with expectations, distress, personal history and current challenges. There are tangible limitations to mental health mentoring. In Brian Turton's recent article in this journal, he reminds us of the primacy of an academic focus, rather than directly addressing the mental health condition or experience impacting the student. Cognitively and semantically, this seems a clear-cut boundary.[7] Experientially, this can be less so:

'Sometimes, when a student comes to the session and they are feeling low and they wish to talk about their issues, it can be hard to define the difference between counselling and mentoring in these situations.'

The development of an approach to mental health mentoring is an emergent experience, a visible, conscious and manufactured process. Simultaneously, this is invisible, unconscious and organic. Mentors facilitate the mentees' emergence of their 'student-self', through attention to and identification of their innate and elusive qualities, and noting what the student-mentees can and can't take in. Mentees are encouraged to connect and transform these through the accomplishment of concrete tasks:

'I use a strength-based approach, building strategies and skills for each student/client to motivate, encourage and focus on each task/day, according to diagnosis, work tasks, issues etc.'

One participant shared her experience of first coming into the role as an early career counsellor and mentor:

'I was a bit confused about the role when I started… I guess I just thought, there wasn't enough information about the role, so there were loads of questions I was asking.'

Efforts to find clarity of the role via literature or guidance from peers and colleagues offered this mentor little respite from her self-contained anxiety. She seemed to have an urgency for a concrete knowing of what mental health mentoring 'should' look like. She is not alone:

'I often feel as though the role is unclear and that I don't know what I am doing. I often feel like I am making up the job role as I go, and I have no idea if the work I am doing is helpful.'

For another mentor the student 'journey' is a motif:

'I find it really interesting, actually – you know, getting to know each student, and their journey – where they've come from, where they're at currently… and where they want to go to. You know? And I think that's where the sort of mentor role fits in nicely then.'

Library picture, for illustration

One mentor reflected on the parallel with their own student history, maybe not being so self-aware or not one to seek out help, and perhaps vicariously offering to mentees now what was needed for themselves then. Another mentor stumbled into mentoring, discovering boundaries and limitations through a series of jarring mistakes. Early attempts to advocate for a mentee or inadvertently adopting the role of being a psychologist was exposing, but was later replaced by deep relief through the letting go of previous role responsibilities:

'…it means I don't have to carry it… I don't have to worry so much. I can't make it alright.'

Personal growth for one mentor came through developing their solution-focused skills, to feel useful and competent:

'I feel most alive when… I've helped them problem solve, and then they come back to me and say, 'Oh that was really helpful'… when the problem solving's gone well (laughs)… that feels really good.'

One person pondered if going for a walk with mentees could be helpful or if there were restrictions that say, you can't do that? Emergent practice is a back-and-forth process – looking for mentee patterns to help navigate the work, particularly when a mentee doesn't know what to bring. A counselling supervisor nudges you when counselling slips into mentoring. If you have mentoring supervision, your fellow supervisees, with slight impatience, bring your conscious attention to the pragmatic and concrete, prodding you to, 'bear in mind the work'. Self-doubt can be coated with anxiety, when questioning if you have anything worthwhile to give your mentees. Time is also a pressure. Working with 20 to 25 mentees feels demanding, with less time to consider the possibilities of what can be made of the role, especially when working alone.

The valuing of a person-centred or oriented relationship is the seed from which an approach can grow. The centrality of relationship is echoed by many:

''I try to accept what each student brings and not judge them. For example, I had a student who didn't look at me at all during the sessions and barely spoke to begin with. I knew they valued meeting as they always attended and communicated, even when their university attendance was poor.'

> I often feel as though the role is unclear and that I don't know what I am doing. I often feel like I am making up the job role as I go and I have no idea if the work I am doing is helpful

Mentoring defines a space within which the mentee's possibilities, hopes and aspirations can breathe, where mentee self-efficacy is recalibrated and feelings of inadequacy transformed. Through the mentor, this space holds the future realisation of the fuller, growth aspects of the successful student-self. The accumulative impact of mentor experiences creates individually diverse and complex variations of what mental health mentoring 'is' and can be.

Displacement

Mental health mentoring materially exists as a response to a student-mentee's adverse psychological and behavioural patterns, dictated by their past and exacerbated in the present by transitional issues and demand to live independently. Mental health mentoring itself is outsourced from the learning context, to public and other spaces, recast in some instances as commercial mental health:

'Sadly, the conditions for us as professionals have deteriorated. I feel it is wrong that often the universities use agencies, who take a large commission, and the money we earn is almost half what we earned five years ago, although the job is the same or harder.'

The experience of displacement is present for mentors. Dedicated spaces to see mentees are not guaranteed. Self-employed mentors have had to seek out the public spaces of coffee shops and quiet campus corners. The clock ticking, and anticipation of a mentee's disclosure of risk, brings pressure to contain and protect. The collective voice of mentoring peers challenge institutions, *'We were shouting about it until we were blue in the face'*. One mentor's response is, *'They'll have to do without me'*. The absence of a cohesive understanding among colleagues of what mentoring is or is not, is a misalignment:

'Being aware that many agency staff who coordinate the mentors and students/clients do not necessarily have the qualifications, training or experience to do the job.'

Some mentors feel relegated, diminishing their feelings of purpose and progress. When mentors feel increasingly invisible over time, so do their feelings of professional authority and worth. Under pandemic conditions, these feelings can be amplified. Disruption to relationship continuity, moving to online

or telephone sessions can turn the mentoring contract upside-down. Some mentees disappeared completely:

'During lockdown, earlier in the year, my workload skyrocketed, due to a large number of students accessing support and current students increasing their regularity of support. As I became busier and was metaphorically holding my students in their stress and distress, I realised that I needed better self-care to carry on and be mentally well.'

These disparities across the wider mental health mentoring field are confusing and dislocate the identification of what makes mental-health mentoring distinctly itself; its genesis concealed and its evolutionary potential stifled. The mentors' strengths and capability to hold and contain both the mentees and their own distress, hope for change, and the unique challenges of their role, often feel unseen. This loss is experienced as jarring for those mentors who feel isolated and stranded in their expatriation.

Activation

Open, inherent questions permeate the work: What will activate this student mentee? What could harness their self-efficacy or spark a motivation to act; or connect with a determination to interrupt an entrenched habit; or bracket a pre-occupying feeling, in order to access innate qualities or turn attention toward an immediate academic challenge?

The mentor is an active actor, harnessing the energy of intention towards the mentee, through their relationship. They attend, suggest, identify, direct – always oriented to the *student-self*, assisting the mentee to make their momentary preoccupational focus clearer. Using all their perceptual senses, the mentor seeks to identify the *tangible* aspects of the mentee's voiced concerns:

'At their own pace, they are given space to explore their mental health, which allows them to understand themselves better, often gaining insight into why they are suffering. From this, then, we can work together to find ways of managing, coping, sometimes healing.'

When a mentee arrives in heightened distress, a mentor may redirect attention to immediate scholastic demands, with agency guidance, training and tools: *'I do not go into detail regarding their mental health issues'.*

Other mentors might act to contain and mitigate the mentee's immediate and ongoing experience of psychological and emotional disintegration:

'Psychological support also has some crossovers; sometimes, for example, I might discuss CBT-based strategies with my students for their anxiety, panic attacks or depression. I might encourage students to explore their issue more deeply than simply venting or confiding during a session.'

Across the life of a mentoring relationship, attention is directed to the mentee's self-understanding and experimentation of what positive mental health feels like; that which may be hidden, but will soothe, nurture and support the whole student.

Activation holds the promise for mentees to self-attune and live with agency, to connect with that which is beyond and separate from their experience of adverse mental health. Each academic and life task which is accomplished, followed by the next (claimed or unnoticed), helps the mentee grow towards a promise of transformation.

'It is a role that I found greatly rewarding; empowering students with mental health difficulties to overcome barriers, fulfilling potential with improved tools for mental wellbeing. It is hugely satisfying.'

Through the development of the themes of emergence, displacement and activation, I encountered voices of growing professional authority, confidence, determination and capability. I felt I was being told, 'Please, tell the universities, the agencies, the value of what we do'.

The wider context

The political, social and educational contexts of mentoring practice offer insight into some of the underlying components contributing to the challenges faced by mentees and mentors. The medical and psychiatric framework has been criticised for pathologising human suffering and the use of, 'self-evident' validity of concepts such as depression.[8] Indeed, a recent UCL study concluded that the hypothesis that depression is caused by lowered serotonin activity can't be supported, and chemical imbalance cannot be explained as the cause of depression;[9] adverse life experiences can. Priestley argues that the medical framework is insufficient to account for the pressure students face – social, academic and financial – and that maybe our universities as institutions are 'sick' – not students.[10]

One connected view is that neo-liberal education policies have undermined the nurturing of critical thinking and critical thought, and then our functionalist capital culture compounds this by locating failure at an individual level.[11] The student with ADHD who is trying to cope with a plethora of distracting thoughts, and a different relationship with time than the neurotypical, may very well feel like a failure when mentoring sessions are withdrawn because they miss too many appointments.

Mentoring represents an outsourcing of student mental health, away from the university environment, and replicating the University UK Charter's edict that mental health treatment is the preserve of the NHS.

Mentors and mentees could be invited to replicate this splitting, illustrated by the anti-therapeutic semantic bind.[12]

The therapeutic problem

The DSA framework[2] for specialist mental health mentoring is problematic, contributing to the tension of how mentors talk about how they work. The guidance to not work 'therapeutically' and stating that mentoring is not counselling, advice or treatment invites different perceptions of what mentoring is. The concept 'therapeutic' can be defined within a medical model paradigm, synonymous with 'cure', 'panacea' or 'remedy'. However, there are also other meanings[13]:

Administered or applied for reasons of health
Having a good effect on the body or mind
Contributing to a sense of wellbeing
Having beneficial or curative effects
Beneficial, remedial, ameliorative and restorative
Therapeutics: something that corrects or counters something undesirable; help; solutions.

The reader might think me pedantic to point out the obvious. I believe this conceptual issue restrains how we can both talk about and research into mental health mentoring.

An end and a beginning

When I was a university mental health advisor and mentor in 2020, I too was feeling the impact of increased demand and expectation from the university to see and be 'more', while struggling to work from home, manage my private psychotherapy practice and research. The analysis and completion of this piece of research was ultimately put on hold. I imagined my participants wondering when and where they were going to see the outcome of their contribution. I thank the editor for the opportunity to rectify this, and all the participants who contributed their invaluable experiences.

Having established mentoring as a research topic of immense value to our professions, I am both relieved and daunted at the prospect of beginning my final doctoral research project. Building upon this study, and open to all mental health mentors, I will be researching the experience of significant moments and practice interventions with mentors working with students from across cultures. With the movement towards a whole-university approach to mental health and wellbeing, my hope is to address the displacement of mentor expertise and practice-informed knowledge and add this to the student mental health conversation.[14] ■

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REFERENCES

1. Megginson D, Clutterbuck D. Techniques for coaching and mentoring. London: Routledge; 2012.

2. DSA. (2016). DSA-NMH mandatory qualifications or professional body membership criteria. [Online.] https://signsandwonders.co.uk/wp-content/uploads/2019/01/Mandatory_criteria_for_NMH_registration_V2.8.pdf (accessed 26 September 2022).

3. Lane G, Clutterbuck D (eds). The situational mentor: an international review of competencies and capabilities in mentoring. Aldershot: Gower; 2004.

4. Grant A, Green R. Developing clarity on the coaching-counselling conundrum: implications for counsellors and psychotherapists. Counselling & Psychotherapy Research 2018; 18(4): 347–355.

5. van Manen M. Phenomenology of practice: meaning-giving methods in phenomenological research and writing. London: Routledge; 2014.

6. Clutterbuck D, Kochan F, Lunsford L, Dominguez N, Haddock-Millar J (eds). The SAGE handbook of mentoring. London: Sage Publishing; 2017.

7. Turton B. Mental health mentoring in higher education. University & College Counselling 2022; 10 (1): 30–34.

8. Bentall D. The medicalisation of misery: critical realist analysis of the concept of depression. Journal of Mental Health 2009; 8(3): 261–274.

9. Moncrieff J, Horowitz, M. Analyis: depression is probably not caused by a chemical imbalance in the brain – new study. [Online.] www.ucl.ac.uk/news/2022/jul/analysis-depression-probably-not-caused-chemical-imbalance-brain-new-study (accessed July 22, 2022).

10. Priestley M. Sick of study: student mental 'illness' and neoliberal higher education policy. In Imagining Better Education: Conference Proceedings 2018. Durham University School of Education; 183–199.

11. Vos J, Roberts R, Davies J. Mental health in crisis. London: Sage Publications; 2019.

12. Hughes G, Spanner L. The University Mental Health Charter. Leeds: Student Minds; 2019.

13. Mirriam-Webster. Definition of therapeutic. [Online.] www.merriam-webster.com/dictionary/therapeutic (accessed 22 August 2022).

14. Hughes G, Nobili A, Kirkman A, Wilson C, Foster J, Byrom N. Education for Mental Health. 2022. [Online.] www.advance-he.ac.uk/knowledge-hub/education-mental-health-toolkit (accessed 22 February 2022).