What are the support needs of Leeds DClinPsych trainees and how are these being met?

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1. Introduction

1.1. Service context

The University of Leeds Clinical Psychology Doctorate Programme has several support structures in place to offer support to trainees. Internal support structures include allocation to a clinical and academic tutor and allocation to a 'buddy' from the year above. The programme also promotes an 'open-door' policy and trainees are told they can seek support from any member of staff if they are having difficulties. External support structures include allocation to a placement supervisor and mentor. Trainees are also signposted to: personal therapy, Leeds University Student Counselling Service and Leeds Teaching Hospitals Occupational Health Department.

At the end of March 2020, following the outbreak of coronavirus disease (2019; COVID-19) and the impact that this had on the opportunity for trainees to access support, the programme set up regular support tutorials facilitated by both the academic and clinical tutors.

1.2. What types of distress might trainee clinical psychologists experience and how might they seek support?

There is some evidence that suggests that mental health problems are relatively common amongst trainees. For example, despite being almost 30 years ago, Cushway (1992) found that 59% of trainees completing the General Health Questionnaire were either at or surpassed caseness for a mental health problem (MHP). Furthermore, Brooks, Holttum and Lavender (2002) investigated 364 trainee clinical psychologists (CPs) and found that 23% of trainees experienced difficulties with self-esteem, 18% significant problems with anxiety, and 14% of trainees reported significant problems with depression.

Researchers have also investigated the impact of exposure to trauma work on mental health professionals. Makadia, Sabin-Farrel and Turpin (2016) conducted an online survey looking at vicarious trauma in trainee CPs. They found that exposure to trauma work was a significant predictor of trainees experiencing trauma symptoms (i.e. intrusion, arousal, avoidance); however, it was not correlated with disrupted beliefs or general psychological distress. This finding supports the model of 'secondary traumatic stress' (Figley, 1995) whereby individuals develop trauma symptoms that are parallel to Post Traumatic Stress Disorder (PTSD). Situational factors were also found to contribute to the variance in trauma symptoms. Specifically, higher quality of trauma training was related to reduced trauma symptoms, and greater levels of stress in clinical work were related to greater trauma symptoms. This has important clinical implications for emphasising the need for attention to be given to self-care and considering effective coping strategies that may act as protective factors for trainee CPs. However, how 'trauma' is defined may be debated and it is hard to predict what might cause trauma and how this may vary, dependent on both individual and situational factors.

Researchers have also looked to explore what factors might influence the likelihood of mental health disclosure in the general population. These include: anticipated stigma (Rush, Brohan, Gabbidon, Thornicroft & Clement, 2014); relationship with the recipient (Ignatius & Kokkonen, 2007); type of MHP (Brohan et al., 2012); and whether the problem is historical or current (Bushnell et al, 2005).

Grice, Alcock and Scior (2018) conducted an online survey investigating the incidence of MHPs amongst trainee CPs in the UK and the factors associated with real or anticipated disclosure of a current or hypothetical MHP. They found that 67% of trainees reported lived experience of MHPs. Of this, 29% of trainees identified as having a current mental health difficulty at the time of completing the survey. Anxiety and depression were the most frequently reported lived experiences. Anticipated likelihood of disclosure was dependent on the recipient and varied according to the type of MHP. Trainees anticipated being most likely to disclose a current MHP to a family member, friend or health professional, and least likely to disclose to a placement supervisor. The researchers

suggested that trainees may view disclosure to course staff, supervisors, and health professionals as serving a different purpose (i.e. to secure professional and practical support). Whereas, disclosing to friends, family and fellow trainees may be utilised to meet emotional support needs. However, it is necessary to acknowledge that many of the responses were based on hypothetical scenarios which may not be indicative of how trainees would act in real-life.

1.3. The psychological impact of COVID-19.

In addition, the outbreak of COVID-19 has resulted in an increase in various psychological problems for the general population, of which trainee CPs are no exception. In their review of the current literature, Serafini et al. (2020) reported that the most relevant psychological reactions to COVID-19 infection are: uncontrolled and non-specific fears related to infection; pervasive anxiety; frustration and boredom; and disabling loneliness. Serafini et al. highlight the importance of social support as a protective factor that reduces the likelihood of an individual developing psychological distress; however, for many individuals, restrictions and lockdown measures will have reduced their support circles and coping strategies.

1.4. Theoretical approaches to help-seeking behaviour

Personal Construct Psychology (PCP, Kelly, 1955) is a useful theoretical approach to understanding help-seeking behaviour. According to PCP *'everyone is dependent; the problem is to make appropriate allocations of one's dependencies'* (Kelly, 1955, p.312). If individuals rely on too few resources (i.e. their dependencies are undispersed) this may make them vulnerable in times of need. In contrast, having greater and more dispersed dependencies is typically advantageous. One way to look at how individual's dependencies are dispersed is using a dependency grid. This is a tool that has arisen from PCP and involves having a list of difficulties along one axis and a list of possible resources on the other. Individuals can then select what resources they have used for each difficulty.

1.5. The rationale and commissioning of this project

This service evaluation project (SEP) was commissioned by Dr Fiona Thorne, Clinical Psychologist and Clinical Tutor on the Leeds DClinPsych Programme. It was hoped that the SEP would be helpful in providing a baseline for how trainee's support needs are being met, and identify if there are any areas for improvement, as well as what trainees identified as being supportive from the course.

Following the outbreak of COVID-19 and further discussions with the project's commissioner, it was decided that part of the questionnaire should be dedicated to considering how trainees felt that the course and placement had responded to any support needs or difficulties that were raised by COVID-19. 'Placement' refers to the place of work that DClinPsych trainees were currently working in, in their clinical roles. It was felt that collecting information about the course's response to COVID-19 (in addition to placement's response) will be vital in considering how the course and placement respond to similar situations, should they happen again in the future.

1.6. Aims of the project

To find out (more generally):

1. What the support needs are of trainees on the Leeds DClinPsych course.
2. Who trainees are likely to turn to for support, and what difficulties they might be more or less likely to seek support for from the course.
3. To gather feedback on the support that has been offered from the course.
4. To consider how the Leeds DClinPsych course may be able to improve the support that they provide.

In addition (since COVID-19):

1. What difficulties or support needs may have arisen as a result.
2. How trainees have found the course's response to COVID-19.

3. How trainees have found placement's response to COVID-19.

4. What trainees have found to be particularly helpful or unhelpful in response.

2. Methodology

2.1. Design

A mixed methods design was used to identify the support needs of trainees and how they have found any support received. A purely qualitative approach was considered; however, it was felt that it would be helpful to gather some quantitative data to allow the same support information to be collected for each participant, enabling a sense of the group patterns in terms of difficulties and support needs. An online survey that enabled trainees to maintain their anonymity and hopefully increase both the number of responses as well the honesty in trainee's answers was utilised.

2.2. Participants

All three years of trainee CPs were invited to take part in the survey (n=47). In total, 26 trainees completed the survey: 5 (year 1), 11 (year 2), 10 (year 3), resulting in a 55.3% response rate across the three years of trainees.

2.3. Data Collection

Data collection took place throughout May 2020.

The survey was developed in collaboration with the project commissioner, and consisted of 12 questions, incorporating a mixture of multiple-choice questions, a dependency grid, and free text boxes. Questions were derived in order to answer the research questions and aims, which were to determine the support needs of DClinPsych trainees and how these needs are being met. See Appendix A for the full survey that was developed.

Figure 1. below illustrates the dependency grid that was presented in the survey. Trainees were asked, 'If you have experienced any of the difficulties listed below in the left hand column, please can you select 'yes' or 'no' to indicate what source(s) of support you sought for each difficulty.' In developing this list of potential difficulties and support needs, and those potential sources of support, categories from a previous SEP that also utilised a dependency grid to explore help-seeking behaviour among Leeds DClinPsych trainees (2009) were used as a starting point, and then some categories were added or tweaked following discussion with the project's commisioner.

Figure 1: Dependency grid excerpt from the online survey

2.4. Ethical Considerations

This project was reviewed and approved by the School of Medicine Research Ethics Committee (ref no: DClinREC19-008, date approved: 28/04/20). When clicking on the link to the survey, participants were first invited to read the Participant Information Sheet (PIS) detailing the purpose of the SEP, what taking part would involve, the possible risks

and benefits of taking part, and their right to withdraw (see Appendix A). Participants were reassured that they would not be asked to disclose any identifiable information and were reminded how to access support both inside and outside of the course.

2.5. Procedure

Trainees were invited to take part via an email that was sent out by a member of the programme administration team which included a link to the online survey (see Appendix B). Trainees were informed in the email that the survey would take approximately 20 minutes to complete and that they could complete it at a time and location of their choice. Trainees were informed that if they were interested in taking part, that clicking on the link would take them to the online survey. Consent was then indicated through the trainee's action to proceed to the survey after reading the PIS and the consent form. This was made explicit in the email that was sent out and in the PIS. A follow-up email was sent out a couple of weeks following the initial email (see Appendix C).

2.6. Analysis

Quantitative data retrieved within the survey responses were analysed using Microsoft Excel to produce descriptive statistics. Qualitative data responses were analysed using qualitative content analysis, which is *'a method for systematically describing the meaning of qualitative data'* (Schreier, 2014, p.170). An inductive, data-driven approach was used to generate the categories and sub-categories. This allowed the researcher to be guided by direct information from participants rather than imposing any pre-conceived categories or codes. In addition, it was felt that this approach would suit the volume of data as it allows the data to be reduced, whilst still allowing a *'sense of how different* (responses) *compare and relate to each other'* (Schreier, 2014).

The use of Thematic Analysis (Braun & Clarke, 2006) was considered; however, this did not seem appropriate due to the aims of the SEP, and the researcher wanting to adopt a non-interpretative stance.

Content Analysis follows a series of stages which the researcher followed during analysis. These are as follows:

1. Identify meaning units
2. Condense meaning units
3. Create codes
4. Create categories
5. Create themes

For the purpose of the current SEP, analysis stopped after stage 4 due to fulfilling the aims of the project.

2.7. Credibility Checks

The researcher adopted some of the recommendations offered by Elliot, Fischer and Rennie (1999) for achieving trustworthiness with qualitative data. Firstly, the steps taken during analysis were discussed with the project's commissioner. In addition, qualitative extracts are provided within the results section to enhance transparency. A reflective statement is included below.

2.8. Reflective Statement

To minimise researcher bias, it is important to acknowledge my own position as a member of the cohort being considered, who has also experienced difficulties and support needs whilst being on the course. In addition, I have also felt the impact of COVID-19 both personally and professionally. In terms of seeking course support, I have felt comfortable to speak to (and contact) my clinical and academic tutors regarding difficulties or support needs. However, this has typically been if a difficulty is likely to impact on work or placement. Usually, unless it is impacting on my work ability, I would speak to friends about difficulties and support needs that feel more personal or that I don't feel I need any practical support with.

3. Results

3.1. Difficulties and Support Needs that have Arisen as a Result of COVID-19.

3.1.1. Descriptive Data.

Of the 26 trainees that completed the survey, 19 trainees (73.1%) said that they had accessed support from the course in response to difficulties arisen from COVID-19.

Those trainees that had accessed course support were then asked to indicate on a 5-point Likert scale how helpful the support was from 'very helpful' through to 'very unhelpful.' Out of the 19 responses, 63.2% responded 'very helpful', and 36.8% responded 'somewhat helpful.'

Trainees were similarly asked if they had accessed any placement support in response to difficulties arisen as a result of COVID-19. Twelve trainees (46.2%) said that they had accessed placement support.

Again, trainees were asked to rate on a 5-point Likert scale how helpful or unhelpful the support received was. 58.3% of trainees responded that the support was 'very helpful', and 41.7% responded 'somewhat helpful.'

3.1.2. Qualitative Content Analysis.

The free text sections of the survey were analysed using qualitative content analysis. Five main categories were identified: 1) Practical challenges arisen as a result from COVID-19; 2) Emotional impact of the challenges; 3) Importance of feeling connected to others; 4) Helpful support received; 5) Areas for improvement and suggestions for the future. The main categories and sub-categories that emerged are presented in Figure 2., and

examples are given to illustrate these categories and sub-categories in Table 1. See Appendix D. for an example of the different stages of analysis undertaken which demonstrates how the sub-categories and categories were derived.
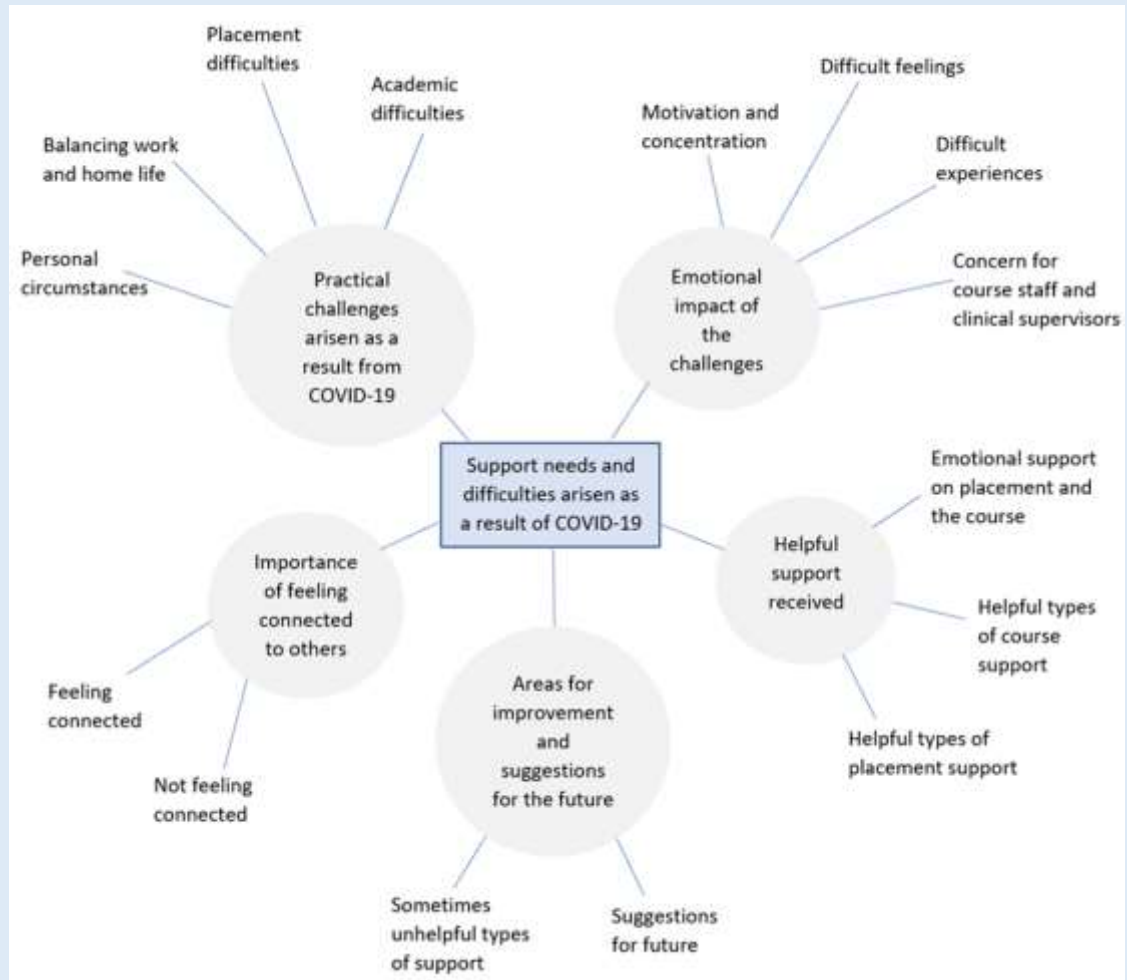
Figure 2: The main categories and sub-categories relating to the support needs and difficulties arisen as a result of COVID-19 and the support received

Table 1: Main categories, sub-categories and illustrative examples relating to the support needs and difficulties arisen as a result of COVID-19 and the support received

Category	Sub-category	Examples
Practical challenges as arisen as a result from COVID-19	Personal circumstances	*'Being within a vulnerable group I have to self-isolate'* *'Personal circumstances have changed due to the impact of COVID-19.'*
	Balancing work and home life	*'Balancing childcare and working from home'* *'Finding it difficult to turn off the laptop and trying to relax in the same environment that I'm doing all my work in'*
	Placement difficulties	*Uncertainty around placements and whether we will meet our competencies given the current climate and accessibility to work with certain client groups.'* *'Difficulty getting a mobile phone to allow me to contact clients.'* *'Finishing my first placement and ending with clients over the phone from home.'*
	Academic difficulties	*'Accessing teaching and resources'* *'Unable to access the library at a crucial time of thesis.'* *'Difficulties with research projects…needing to change.'*
Emotional impact of the challenges	Motivation and concentration	*'Focus and concentration for academic work'* *'I found it difficult to motivate myself to get academic work completed…especially in the early stages.'*
	Difficult feelings	*'Impact of Covid-19 on loved ones.'* *'Increased anxiety, stress, uncertainty'* *'I think at times it has felt emotionally draining,'* *'Guilty for being employed by the NHS but not going onto the frontline.'*

	Difficult experiences	*In an ideal world it would have been great to be able to come up with a plan for the second half of placement both in terms of workload and emotional impact..'* *'Messages about ward working/ working from home very inconsistent and changing'* *'There have been days when we have spent the day talking about feelings rather than actually learning…this felt quite uncontaining in some ways'*
	Concern for course staff and clinical supervisors	*'Aware that staff have children/their own difficulties to deal with currently so don't want to add to that'* *'Generally feels that staff on placement are struggling understandably.'*
Importance of feeling connected to others	Feeling connected	*'Having the opportunity to catch up with other trainees and the course staff - as they are all going through the same thing and experiencing some of the same difficulties.'* *'I know if I was struggling the course would be there for me, I know the team are caring and want to support us as best they can.'* *'I am sure these options would have been available to me without COVID - but they have just felt much more important to me now'*
	Not feeling connected	*'Isolated from family and friends'* *'Not having the opportunity to get out and spend time with friends and family…so important when you have such a busy life on the course.'* *'Having more contact from supervisor'* (would have been helpful) *'I have found it hard to approach my supervisor for support (other than in supervision).'* *'I've also just really missed the support I get from seeing my cohort regularly.'*

Helpful support received	Emotional support on placement and the course	*'Containment and acknowledgment of difficulties and impact',* *'Feeling listened to validated how I was feeling',* *'Normalising the experience',* *'Supervisor being understanding and empathetic.'*
	Helpful types of course support	*'I have found the fortnightly support tutorials helpful - it has been a nice way to stay connected with the course staff',* *'(Tutorials) made me feel more comfortable about talking to the tutors.'* *'Contacted my thesis supervisors about my difficulties concentrating'* *'Chats with my clinical tutor.'* *'Access to extensions for coursework',* *'The tutor I spoke to really considered my position and I felt had worked really hard to come up with alternative options for my work with me despite everything else I know she has to juggle!'*
	Helpful types of placement support	*'Daily team meetings'* *'Peer support Zoom meeting every week'* *'Reflective meetings where Covid-19 related discussions took place and our experiences/feelings normalised.'* *'The impacts have been discussed in supervision'* *'I had a risk assessment in my first week.'*
Areas for improvement and suggestions for the future	Sometimes unhelpful types of support	*Too many similar types of tutorials and that became a bit draining.'* *'I think it has all been useful but at times more frequent emails have felt a little overwhelming, particularly when these have been outside of 'working hours'.*

Suggestions for future	*'Maybe ones (emails) that are important and need to be read/actioned should say so in the title'*
	'Shorter and less regular individual check-ins might be helpful, but I guess that is personal choice'
	'Being given the option of a one-to-one meeting with our clinical and/or academic tutors early on in the crisis to allow us a space to discuss our concerns, any issues related to Covid-19 (e.g. specific placement, academic needs.'

3.2. Difficulties and Support Needs in General (Prior to COVID-19).

3.2.1. Descriptive Data.

Trainees were also asked: 'What other difficulties or support needs have you faced during your time on the course?' Trainees were given the option to select as many responses as needed from the following options: family difficulties; relationship difficulties; significant commute; mental health; physical health/disability; carer needs; bereavement; learning needs (e.g. dyslexia); work-life balance; experiences of discrimination or harassment (e.g. due to ethnicity, sexuality, religious beliefs); maternity. Trainees were then given the opportunity to share any difficulties not captured in a free text box. Trainee responses can be seen in Figure 3.

From Figure 3. it can be seen that 'work-life balance' was the most frequently reported difficulty, with 53.8% of trainees completing the survey identifying that this has been a difficulty. 'Family difficulties' was also frequently reported (46.2%) and 'significant commute' was the third most frequently reported with 34.6% of trainees identifying this as being a difficulty or support need. No trainees reported that they had experienced 'discrimination and harassment', and 'carer needs' and 'maternity' were the other two least frequently reported difficulties, with 11.5% and 3.8% of trainees identifying with these difficulties, respectively. Only three trainees chose to write in the free text box to describe their difficulty or support needs. These referred to: financial difficulties, supporting a close family-friend through a difficulty, and work-life balance (which the trainee may have missed from the previous question).

Difficulties and support needs faced by trainees since being on the course
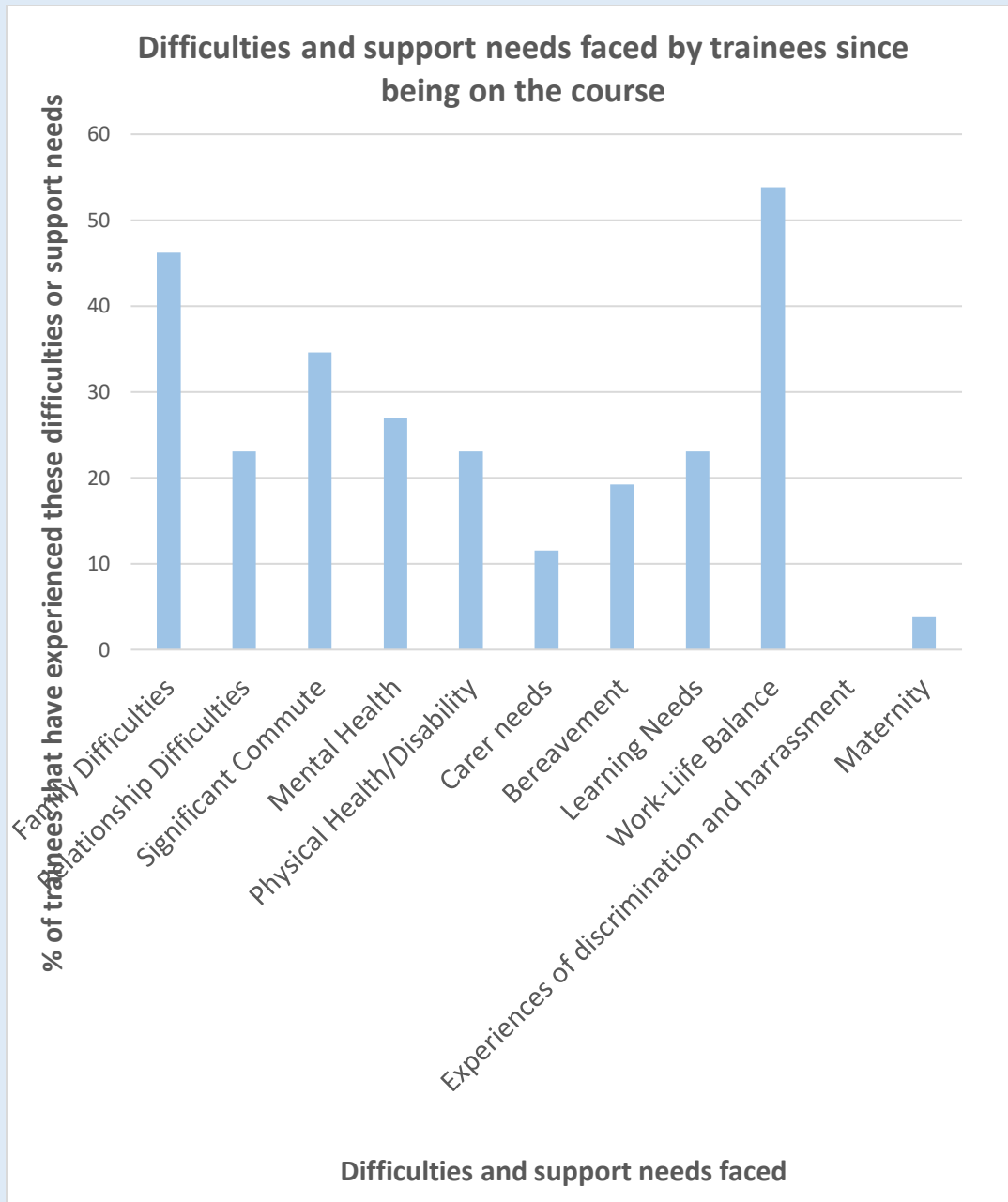
Figure 3: Percentage of trainees that reported to have experienced a range of difficulties and support needs during their time on the course

Following this question, trainees were then presented with the dependency grid. When planning the online survey, it was hoped that there might be a way to 'grey out' those support needs or difficulties that do not apply on an individual basis. For example, if a trainee selected in the previous question that they had only experienced difficulties with 'mental health' and 'maternity', they would then only be asked what source(s) of support

they used for 'mental heath' and 'maternity.' Unfortunately, as this was not possible, trainees were asked to answer this question for all difficulties or support needs, regardless of whether they had experienced this an issue. Therefore, the researcher included an option to select 'N/A' for any difficulties trainees had not experienced. However, as a result, the responses gathered from the dependency grid are not equivalent to the responses given in the first question asking about difficulties or support needs. For example, only 6 trainees had identified 'learning needs' to be a difficulty in the initial question; however, when asked who they turned to for support for this difficulty, 7 trainees responded that they turned to their clinical or academic tutor. Considering this discrepancy, the researcher has chosen to present the figures from the dependency grid in terms of number of responses, rather than trying to compute a percentage, as a percentage might not provide an accurate representation of the findings.

Figure 4. provides a full representation of the number of trainees who turned to each source of support dependent on the difficulty or support need experienced. Figure 5. provides a closer illustration of who trainees turned to for support for the three most frequently cited difficulties and support needs experienced.
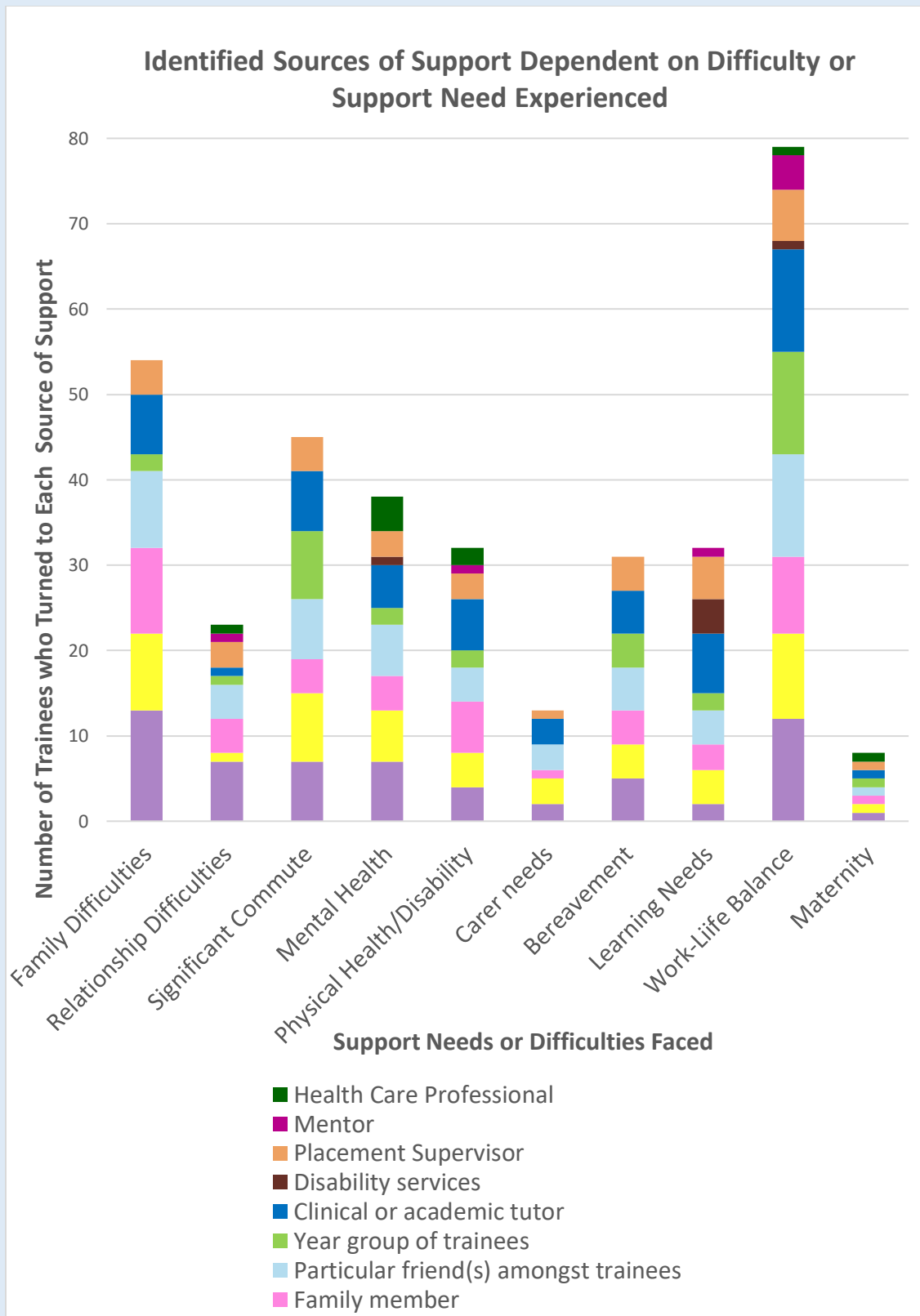
Figure 4: The number of trainees who turned to each source of support dependent on the difficulty or support need experienced
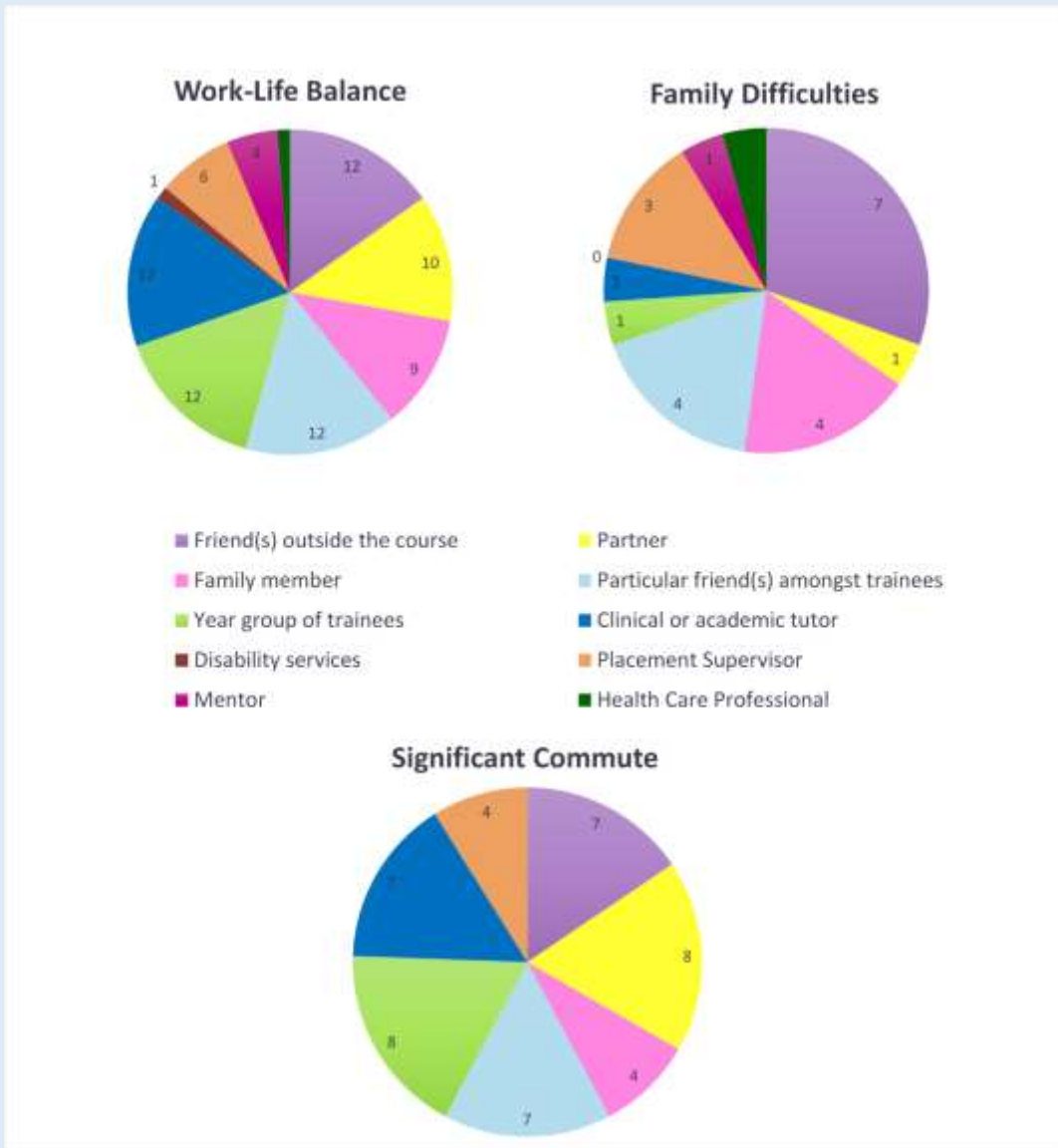
Figure 5: Who trainees turned to for support regarding the three most frequently reported difficulties and support needs. Number of trainees are marked on the pie charts

From the results, it is apparent that the source of support that trainees used varied dependent on the difficulty or support need experienced. For example, looking at Figure 5., both 'clinical or academic tutor' and 'year group of trainees' were frequently cited as sources of support if trainees were experiencing difficulties with 'work-life balance' or 'significant commute'; however they were both one of the least frequently cited sources of support for 'family difficulties.' Responses showed that the three most frequently cited sources of support for 'family difficulties' were: 'friend(s) outside the course', 'particular friend amongst trainees' and 'family member.'

Furthermore, looking at Figure 4., responses showed that more trainees had used friend(s) outside the course, family member and particular friend amongst trainees than their clinical or academic tutor if they had experienced relationship difficulties. Whereas more trainees reported to have used clinical or academic tutor and placement supervisor to discuss learning needs than they did other sources of support. Looking at the responses to mental health and physical health/disability, more trainees reported to have used clinical or academic tutor as support in response to physical health/disability over mental health difficulties. In contrast, more trainees reported to have used a particular friend(s) amongst the course as support for mental health over physical health/disability.

Lastly, fewer trainees reported to have used their mentor, seen a health care professional, or sought support from disability services. Of those trainees that did seek support from their mentor, this was mostly in response to 'work-life balance.' In addition, 'disability services' was cited by a few trainees in response to 'learning needs'; however, no trainees reported to have used disability services for difficulties relating to 'physical health/disability.' 'Health care professional' was mainly cited for trainees experiencing difficulties relating to 'mental health' or 'physical health/disability.'

Trainees that had accessed course support were then asked to indicate on a 5-point Likert scale how helpful the support was from 'very helpful' through to 'very unhelpful.' Out of the 20 trainees that had identified as receiving support, 85% responded 'very helpful', and 15% responded 'somewhat helpful.'

3.2.2. Qualitative Content Analysis. Analysing the free-text sections of the survey, five main categories were identified: 1) Types of support; 2) Trainee factors that might affect support-seeking; 3) Course factors that might affect support-seeking; 4) What trainees would like to do in the future; 5) Suggestions for future improvement. The main categories and sub-categories are presented in Figure 6. and examples are given to illustrate these in Table 2.
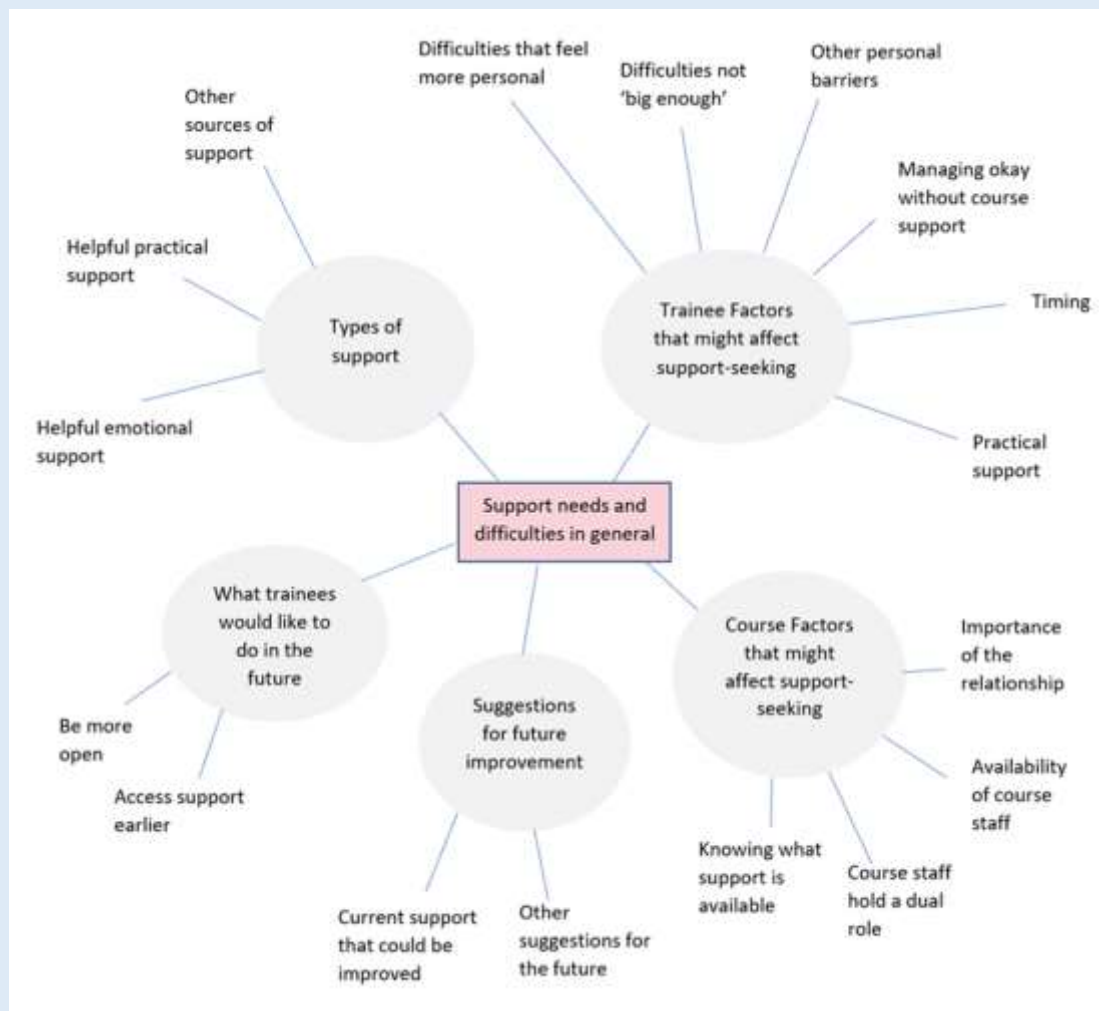
Figure 6: The main categories and sub-categories relating to the support needs and difficulties experienced by trainees since being on the course and the support received

Table 2: Main categories, sub-categories and illustrative examples relating to the difficulties and support needs experienced by trainees since being on the course and the support received

Category	Sub-category	Examples
Types of support	Helpful emotional support	*'Normalising what I was struggling with'* *'Clinical tutor very supportive and understanding.'* *'Genuinely seem to care and want to help'* *'My tutor noticed I was more stressed and reached out to me..'*
	Helpful practical support	*'Getting an email to ask how things are going and if I would find a brief check-in helpful (from clinical tutor).')* *'Deadline extension'* *'Being flexible to demands and time frames.'*
	Other sources of support	*'Peer support through cohort is amazing.'* *'I found it helpful to keep in contact with a clinical psychologist who I met on a placement. They were not my supervisor but had recently qualified so it felt like mentoring but happened organically.'*
Trainee factors that might affect support-seeking	Difficulties that feel more personal	*'May not want to disclose as relates to others in my life;'* *'Wonder if there's an element of relationships or friendship problems seeming more personal or that they shouldn't impact my work than other things.'* *'Despite the team being extremely supportive of trainees experiencing any mental health problems, I still feel that I don't want to talk about my difficulties with staff.'*

	Difficulties not 'big enough'	*'I felt some problems were "too trivial" to discuss with the course (from my perspective)'* *'I think that there's a level of stress/ sacrifice that's expected to complete DClin training.'*
	Other personal barriers	*'This is more about myself and my confidence in doing this, rather than the course not being approachable'* *'The only barrier generally is my own wish to not bother them.'* *'I still feel like I don't deserve to be here!'* *'Felt it wouldn't help'*
	Managing okay without course support	*'I would seek support from the course if it was only absolutely necessary and I could not manage or sort the difficulty for myself with support of partner and friends on my cohort.'* *'I would have done if I had needed to.'*
	Timing	*'As we often have more contact with placement supervisors, sometimes it has been more timely to seek out support from them.'* *'Felt too wrapped up in the problem to seek support.'*
	Practical support	*'I would tend to turn to the course for support around things which may impact or relate to my work or overall trainee experience'* *'I would not approach the course if it was not impacting on work ability'* *'Where I thought there was something practical that could help.'* *'If I had learning needs or a bereavement I think I would go to my tutors to make them aware.'*
Course factors that might affect support-seeking	Importance of the relationship	*'I think I would have been less likely to seek support in first year. I think there isn't that much early contact between trainees and tutors and it took us some time to get to know each other in a way where I'd find it easier to bring such things.'* *'Initially felt barriers due to not really knowing the staff but was able to overcome this.'*

	Availability of course staff	*'Staff are always easily contactable'* *'Even if you don't need the support at that time, it's nice to know that the support is there.'* *'Not feeling that staff are available due to increased workload.'*
	Course staff hold a dual role	*'I would be worried about being seen as unfit to practice.'* *'Where I did not seek support from course staff this was usually because of worry about being judged (my own stuff).'* *'The fear course staff are assessing competency.'*
	Knowing what support is available	*'Not sure what support might look like for a particular thing'* *'Maybe some clarity on what are appropriate things to discuss or bring to the team/tutor in terms of difficulties.'*
What trainees would like to do in the future	Be more open	*'I could perhaps be more open with my clinical and academic tutors'* *'Maybe try to be more honest instead of sticking on a brave face the whole time.'*
	Access support earlier	*'Access support at an earlier stage, although I find this hard and ensure to reach out if I feel I need support instead of just carrying on and getting more stressed when I could have said something earlier on!'*
Suggestions for future improvement	Current support that could be improved	*'More options to check in individually'* *'In my year we struggled a bit with the 'self-care' talk in our first year as we didn't feel in a place to access this when we felt quite overwhelmed at starting the course but I think this has changed for subsequent years.'* *'Sometimes there is a lack of processes when something goes wrong and I felt slightly left in the dark.'*

	Other suggestions for the future	*'Provide access to free (or discounted) psychological therapy for trainees. This could be a fixed set (maximum) number of sessions across the course of training that you can access as and when needed. This would also be optional, so trainees would not have to use any or all of the sessions.'*

4. Discussion

4.1. In general, what are the support needs and difficulties for Leeds DClinPsych trainees?

The results demonstrate that 'work-life balance', 'family difficulties' and 'significant commute' were the most frequently cited difficulties and support needs experienced. However, trainees have also experienced difficulties and support needs relating to relationship difficulties, mental health, physical health/disability, bereavement, learning needs, carer needs, maternity, and financial difficulties. Furthermore, the percentage of Leeds DClinPsych trainees reporting to have experienced mental health difficulties since being on the course was 26.9%, which maps closely onto that reported by Grice, Alcock and Scior (2018), who found that 29% of trainees identified as having a current MHP.

No trainees reported having experienced 'discrimination or harassment.' It is possible that the wording used felt too strong, deterring trainees selecting this option; however, it felt important to capture this sort of difficulty and to be clear that this is what we were asking about. In addition, the results are only representative of those completing the survey which only accounts for just over half of the overall cohort of trainees.

4.1.1. Who are trainees likely to turn to for support?

Results showed that trainees use a range of support mechanisms and that the type of support that trainees use varies, dependent on the difficulty or support need experienced. In considering Kelly's (1955) PCP, it is reassuring to know that trainees use several types of support and are not reliant on using one source of support for all difficulties experienced.

Both the quantitative and qualitative data show that trainees are more likely to turn to course staff for difficulties and support needs that are either impacting on work, or that

trainees require practical support or advice with. In contrast, trainees are more likely to seek support from friends or family members if the difficulty or support need feels more personal. For example, if experiencing difficulties with relationships or if the difficulty relates to someone else. This is consistent with the suggestion from Grice, Alcock and Scior (2018), that trainees may view disclosure to course staff and supervisors as serving a different purpose to disclosure to friends, family and fellow trainees.

Lastly, the results demonstrate that some trainees are speaking to course staff about mental health difficulties. However, they are slightly more likely to seek course support for physical health/disability needs. Trainees expressed that one of the barriers to speaking with course staff about more personal difficulties is that staff play a dual role, both in providing support, but also in assessing competency. It is possible that to trainees, mental health needs feel more 'personal' than physical health needs.

4.1.2. How have trainees found the support received from the course?

All trainees that identified as receiving support from the course responded that this was either very helpful or somewhat helpful. Trainees described both emotional (e.g. course staff being understanding, normalising experiences) and practical aspects (e.g. deadline extension) of course support that were helpful. Furthermore, many trainees described having a positive relationship with the course. This is an encouraging finding given that the 'relationship with the recipient' is reported to influence the likelihood of mental health disclosure (Ignatius & Kokkonen, 2007). In relation to support that could be improved, there was a sense that individual check-ins had been appreciated and three trainees requested if there could be more options to check in individually.

4.1.3. Suggestions for future.

Based on the responses received in relation to course support that could be improved and identified barriers to seeking support, the following suggestions are proposed:

- Course staff to continue to reassure trainees that they can speak to any member of staff about any difficulty, even if they feel it is 'not big enough.'

- Clinical or academic tutors to email trainees once in between placement planning meetings and once in between mid-placement visit and end of placement visit to check in and ask if they would like a one-to-one meeting. This would provide an opportunity for trainees to access support if they do not feel confident reaching out.

- To explore options for offering a set number of (optional) free psychological therapy for trainees.

- Course staff to consider how the support structures that are currently in place are communicated to ensure that trainees are aware of what is available.

4.2. What support needs and difficulties have arisen as a result of COVID-19?

The results demonstrated that trainees experienced numerous additional difficulties and support needs as a result of the impact of COVID-19. These included: changes in personal circumstances, adapting to working from home and balancing work and home life, concerns about meeting competencies on placement, difficulties in working remotely and having access to technology, accessing resources for University work, needing to make changes to research projects, difficulty with motivation and work focus, increased stress and anxiety, guilt, inconsistent messages whilst on placement, inability to plan for the future, and feeling disconnected and isolated from others. Thus, whilst Serafini et al. (2020) highlight the importance of social support as a protective factor that reduces the likelihood of psychological distress for an individual, it is evident that this was a difficulty experienced by many trainees. Furthermore, it is worth considering that access to many of the usual sources of support for trainees (e.g. friends, family members) will have been greatly reduced as a result of COVID-19 restrictions.

4.2.1. How did trainees find the course's response to COVID-19?

All trainees who reported to have accessed support from the course in response to difficulties arisen by COVID-19 responded that it was either very helpful or somewhat helpful. Again, trainees spoke about the emotional support received, such as course staff normalising experiences, being empathic and understanding as being particularly helpful. Trainees also described the following as helpful: fortnightly support tutorials, meetings and discussions with course tutors and thesis supervisors, and receiving deadline extensions. However, whilst many trainees reported that the fortnightly support tutorials were helpful, three trainees commented that these felt too frequent. Similarly, two trainees reported that the frequency of emails received in the early stages felt 'a little overwhelming.'

4.2.2. How did trainees find placement's response to COVID-19?

Similarly, those trainees who reported to have accessed support from placement in response to difficulties arisen by COVID-19 responded that it was either very helpful or somewhat helpful. As discussed above, trainees also spoke about valuing the emotional support received. Other helpful aspects of support included: daily team meetings, peer support via Zoom, reflective practice meetings, discussions during supervision, and receiving a risk assessment.

4.2.3. Suggestions for future

Based on the responses received in relation to how the course and placement responded to COVID-19-related difficulties and support needs, the following suggestions are proposed:

- To consider whether the additional support tutorials need to be compulsory or as frequent. Trainee preference may vary across year group – use of a survey may be helpful in establishing the preferences for how this continues.

- To consider the frequency and timing of email updates sent out by the course.

- For both the course and placement to consider arranging a one-to-one meeting for all trainees early in the crisis to enable to trainees to discuss any concerns or support needs that have arisen.

- To ensure that trainees have equal access to technology that enables them to work remotely on placement if required.

4.3. Limitations of the Study

The results need to be considered within the context of its limitations. Firstly, a much larger proportion of the responses were received from the second- and third-year trainees. This means that unfortunately, the results may be less representative of the difficulties and support needs (and views) of first year trainees. Secondly, whilst efforts were taken to minimise any researcher bias due to the researcher also being a member of the cohort being investigated, it was not possible to completely remove this bias. Thirdly, as discussed in the results section, there were difficulties in creating the dependency grid online. This led to a discrepancy in some of the responses from trainees which had a slight impact on the analysis of the results.

4.4. Conclusion

Although the limitations of this project need to be considered, the results do provide insight into the general support needs and difficulties of Leeds DClinPsych trainees at this time, as well as the difficulties that have arisen as a result of COVID-19. Moreover, gathering feedback on how trainees have found any support received, as well as what may influence trainees accessing support, has highlighted some areas for improvement

and consideration, whilst also suggesting that many of the needs of Leeds DClin trainees have been met.

4.5. Dissemination

The results and recommendations have been discussed with the project's commissioner and will be discussed at the PPD committee meeting in November. In addition, the results were presented at the DClinPsy SEP conference on the 23rd October.

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7. Appendices

Appendix A: Online survey (including PIS) sent out to trainees

Appendix B: Initial covering email from researcher to all current Leeds DClinPsych trainees

Appendix C: Follow-up email that was sent out to all current Leeds DClinPsych trainees

Appendix D: An example of the different stages of qualitative content analysis undertaken (Support needs and difficulties arisen as a result of COVID-19. Main category: 'Emotional impact of the challenges').

Appendix A: Online survey (including PIS) sent out to trainees

What are the support needs of Leeds DClin trainees and how are these being met?

Page 1: Participant Information Sheet

You will be reading this information sheet because you are thinking about taking part in my service evaluation project (SEP). Before you decide whether you would like to take part or not it is important for you to understand why this SEP is being done and what it will involve. Please take time to read the following information carefully and email me (umrmp@leeds.ac.uk) if there is anything that is not clear or if you would like more information. Thank you in advance!

What is the purpose of the project?

This SEP is exploring the support needs of Leeds DClin trainees; how trainees typically access support for any difficulties faced and how helpful they found the support they received.

In light of the significance of COVID-19, part of the questionnaire will ask for your feedback on how you felt that the course and placement responded to any difficulties raised by COVID-19.

Why have I been chosen?

You have been chosen because you are a current Leeds DClin trainee and therefore will be able to provide helpful feedback on how you have felt supported whilst on the course. We hope to recruit as many current trainees as possible.

Do I have to take part?

It is up to you to decide whether or not to take part. Your consent will be indicated through your action to proceed to the study's questionnaire after reading this information sheet and the consent page that follows. Therefore, if you do wish to take part, simply click 'next' after reading the consent page, or simply close the webpage if you would not like to take part.

What will taking part involve?

If you would like to take part, you will be directed to a short online questionnaire. This will take approximately 20 minutes to complete. This questionnaire consists of both multiple-choice questions as well as free text questions that allow you to type as much or as little as you wish. No question is compulsory.

The first few questions will be asking you to think about and provide feedback on how you felt that the course and placement responded to any issues raised by COVID-19.

The questions following this will be asking you to provide information on what difficulties or support needs you have experienced since starting the course (prior to COVID-19), who you were likely to turn to for support, and if you have turned to the course for support, how helpful or unhelpful this was. Whilst this questionnaire is anonymous, please only share what feels comfortable for you.

You will be able to complete this questionnaire in your own time and at a location of your choice, provided you have access to the internet and your emails to follow the link.

The researcher will finish collecting data for this SEP at the end of May.

Can I withdraw from the project if I have already signed up?

You may withdraw your contribution to the project at any point before pressing 'finish' at the end of this questionnaire. At this point it will not be possible to withdraw any contributions as the data being collected is anonymous.

What are the possible disadvantages and risks of taking part?

There is always the possibility that discussing topics relating to potentially difficult experiences might cause you to become upset when completing the questionnaire. Furthermore, the potential issues or difficulties arising from COVID-19 are likely to vary greatly between individuals and personal circumstances.

If you are experiencing any difficulties, you can access support both inside and outside the course:

Internal sources of support: clinical tutor, academic tutor, DClin staff in general, 'buddy' from year above, peer cohort.

External sources of support: mentors, clinical supervisors on placement, personal therapy, Leeds University Student Counselling Service, Leeds Teaching Hospitals Health Department.

Full details of who you can contact can be found within the PPD pack on Minerva.

What are the possible benefits of taking part?

In the short-term, we hope that you will see this an opportunity to feedback ideas around how the course can improve the ways in which they offer support. In the medium and long-term, we hope that this SEP will enable the course to be more aware of the different support needs of Leeds DClin trainees, and therefore better able to provide support that is relevant.

Use, dissemination and storage of research data

This SEP will be written up and findings will be shared with both the commissioner (Dr Fiona Thorne) and the course team. You will be able to hear about these findings when I present the project at the SEP conference in October 2020.

What will happen to my information?

Firstly, all data collected is intended to be anonymous as you are not required to identify who you are for the purpose of the SEP. Direct quotes from participants will be included in the write up of the research; however, all personal identifiable information will be removed so that it should not be possible to identify who these quotes have come from or specific individuals that they relate to (e.g. other trainees, tutors, supervisors). Therefore, if you do wish to communicate either a complaint or a compliment, this will not be the avenue to do so. If you do have a genuine cause for concern, please contact either Jan Hughes or Gary Latchford (in the first instance) or escalate if necessary.

Any information collected from participants' questionnaires during the course of the SEP will be kept strictly confidential.

I will thus adhere to the University Information Protection Policy and the DClinPsychol Policy on Safeguarding Sensitive Data. For more information on the University Privacy Notice, please see https://dataprotection.leeds.ac.uk/wp-content/uploads/sites/48/2019/02/Research- Privacy-Notice.pdf.

Ethical Approval

This SEP is supervised by Dr Fiona Thorne (Clinical Tutor) and has been approved by the University of Leeds School of Medicine (SoMREC) Ethics Committee (date: 28/04/2020).

Contact for further information

Primary Researcher

Rebecca Piclet

Email address: umrmp@leeds.ac.uk

Secondary Contact

Dr Fiona Thorne (Clinical

Tutor) Telephone: 0113

3438343

Address: Clinical Psychology, Level 10, Worsley Building, University of Leeds, Clarendon Way, LS2

9NL Email addresses: F.M.Thorne@leeds.ac.uk

Thank you for taking the time to read through this information.

Page 2: Consent Form

I confirm that I have read and understand the information sheet dated [18/04/20] explaining the above service evaluation project (SEP) and I have had the opportunity to ask questions about the project.

I agree for the data I provide to be stored at the University of Leeds for 3 years.

I understand that relevant sections of the data collected during the project, may be looked at by auditors from the University of Leeds or from regulatory authorities where it is relevant to my taking part in this SEP. I give permission for these individuals to have access to my records.

I understand that direct quotes from participants will be used in the write up of the project; however, that any personal identifiable information will be removed.

I understand that this project will not be used to pass on any 'complaints' or 'compliments' and therefore I will use the appropriate avenues outlined in the information sheet dated [18/04/20] if there is genuine cause for concern or if I wish to pass on any specific information directly to an individual.

I agree to take part in the above SEP and will inform the lead researcher should my contact details change during the project and, if necessary, afterwards.

- I have read and agree with the above statements relating to the present SEP.
- I understand that clicking 'next' implies that I have given my consent to take part in this SEP and that I will now be directed to the questionnaire.

Page 3: Page 1

1. Please can you tell us what year of training you are in? ☞*Required*

○ 1
○ 2
○ 3

2. In light of the significance of COVID-19 for all aspects of our work, we wanted to first ask about your experience of support at this time. What have been the main difficulties and support needs that have arisen for you as a result of COVID-19? ☞*Required*

3. Have you accessed support from the course in response to difficulties that have arisen from COVID-19? (If so, please can you tell us what type of support). ☞*Required*

3.a. *If you answered 'no' to the previous question, you can jump to question no 4.* If you did access support from the course, how helpful or unhelpful was this?

Please don't select more than 1 answer(s) per row.

	Very helpful	Somewhat helpful	Neutral	A little unhelpful	Very unhelpful
Accessed course support	☐	☐	☐	☐	☐

3.b. Were there any aspects of the support provided by the course that you found to be particularly helpful? (If so, please describe).

3.c. Were there any aspects of the support provided by the course that you think could have been improved or were unhelpful to you? (If so, please describe).

4. Have you accessed support from placement in response to difficulties that have arisen from COVID-19? (If so, please can you tell us what type of support). ☞*Required*

[ ]

4.a. *If you answered 'no' to the previous question, you can jump to question no.5.* If you did access support from placement, how helpful or unhelpful was this?

Please don't select more than 1 answer(s) per row.

	Very helpful	Somewhat helpful	Neutral	A little unhelpful	Very unhelpful
Accessed placement support	☐	☐	☐	☐	☐

4.b. Were there any aspects of the support provided by placement that you found to be particularly helpful? (If so, please describe).

[ ]

4.c. Were there any aspects of the support provided by placement that you think could have been improved or were unhelpful to you? (If so, please describe).

[ ]

5. What other difficulties or support needs have you faced during your time on the course? *Please select all that apply.* *Required*

☐ Family Difficulties   ☐ Relationship difficulties   ☐ Significant commute
☐ Mental Health   ☐ Physical Health/disability   ☐ Carer needs
☐ Bereavement   ☐ Learning needs (e.g. dyslexia)   ☐ Work-Life balance
☐ Experiences of discrimination or harrassment (e.g. due to ethnicity, sexuality, religious beliefs)   ☐ Maternity

5.a. If there are any support needs or difficulties that you have faced since being on the course that are not captured in the list above, please tell us here.

[ ]

6. If you have experienced any of the difficulties listed below in the left hand column, please can you select 'yes' or 'no' to indicate what source(s) of support you sought for each difficulty. *(For any difficulties you have not experienced, please select N/A).*

N/A	Friend(s) outside the course		Partner		Family Member		Particular friend(s) among trainees		Year group of trainees		Clinical or Academic Tutor		Disability Services		Placement Supervisor		Mentor		Health Ca Profession
N/A	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	N

Family difficulties	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Relationship difficulties	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Mental health	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Physical health/disability	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Bereavement	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Experiences of discrimination or harassment	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Learning needs	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Maternity	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Carer needs	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Significant commute	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Work-Life balance	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Other	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○

7. Please can you tell us why you might be more likely to turn to the course for support for some things and not others? ⇗*Required*

8. *If you have not sought any support from the course, you can jump to question no.9.* If you have sought support from the course, how helpful or unhelpful did you find the support that was offered?

Please don't select more than 1 answer(s) per row.

	Very helpful	Somewhat helpful	Neutral	A little unhelpful	Very unhelpful
Accessed course support	☐	☐	☐	☐	☐

8.a. Were there any aspects of the support provided by the course that you found to be particularly helpful? (If so, please describe).

8.b. Were there any aspects of the support provided by the course that you think could have been improved or were unhelpful to you? (If so, please describe).

9. If you did not seek support from course staff, would you be able to tell us why this was? (e.g. Were there any barriers to you doing this?) ⊡
Required

10. Was there any other source of support not listed, or any other factor(s) that you think is relevant here? ⊡*Required*

11. In the future, do you think you could do anything differently to ensure that you get better support? ⊡*Required*

12. Do you have any additional comments or suggestions relating to how the course can improve support for trainees? ⊡*Required*

Page 4: Final page

Thank you for taking the time to complete this online questionnaire.

Anonymised data will be fed back at the SEP conference in October.

Please remember that if you are experiencing any difficulties, support is available both inside and outside the course. If you go to the PPD section on Minerva, full details of who you can contact are available within the PPD Pack.

Internal sources of support: clinical tutor, academic tutor, DClin staff in general, 'buddy' from year above, peer cohort.

External sources of support: mentors, clinical supervisors on placement, personal therapy, Leeds University Student Counselling Service, Leeds Teaching Hospitals Occupational Health Department.

Appendix B: Initial Covering Email from Researcher to all current Leeds DClinPsych trainees

Subject of email: SEP questionnaire looking at the support needs of Leeds DClin trainees and how these are being met.

Hi everyone,

For those of you that don't know me, my name is Becky Piclet and I'm a 2nd year trainee on the DClin course at Leeds.

I'd really appreciate it if you could take part in an online questionnaire for a Service Evaluation Project (SEP) that I am doing.

The SEP is interested in looking at the support needs of Leeds DClin trainees and how these are currently being met by the course. In light of the significance of COVID-19, part of the questionnaire will be dedicated to asking for your feedback on how you felt supported by any issues or difficulties that have arisen as a result of the pandemic. The other part of the questionnaire is interested in finding out what are the support needs of DClin trainees more generally (prior to the pandemic), and how the course can support Leeds DClin trainees.

It is hoped that in gathering this information, the course team can learn more about what support needs exist, and to identify what might be working well, as well as any areas they might be able to develop.

The online questionnaire should take approximately 20 mins to complete. The questions are a mixture of multiple-choice as well as some free text boxes for you to provide answers with as much or as little detail as you wish.

Participation is voluntary. If you decide that you would like to take part, please click the link below which will take you to the online survey. Your consent will be indicated through your action to proceed to the study's questionnaire after reading the information sheet and consent form. All personal identifiable information will be removed from responses.

(Pasted link to survey)

If you would like any further information or have any questions, please contact me using my email umrmp@leeds.ac.uk. This study has been given ethical approval by the School of Medicine Research Ethics Committee (date: 28/04/2020).

Thank you!

Becky

Appendix C: Follow-up email that was sent out to all current Leeds DClinPsych trainees

Subject of email: SEP questionnaire looking at the support needs of Leeds DClin trainees and how these are being met.

Hi everyone,

I just wanted to say thank you to those of you who have already taken part in this project!

For those of you who didn't see my previous email, or that don't know me, my name is Becky Piclet and I'm a 2nd year trainee on the DClin course at Leeds. I'd really appreciate it if you could take part in a short online questionnaire for a Service Evaluation Project (SEP) that I am doing.

The SEP is interested in looking at the support needs of Leeds DClin trainees and how these are currently being met by the course. In light of the significance of COVID-19, part of the questionnaire will be dedicated to asking for your feedback on how you felt supported by any issues or difficulties that have arisen as a result of the pandemic. The other part of the questionnaire is interested in finding out what are the support needs of DClin trainees more generally (prior to the pandemic), and how the course can support Leeds DClin trainees.

It is hoped that in gathering this information, the course team can learn more about what support needs exist, and to identify what might be working well, as well as any areas they might be able to develop.

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Participation is voluntary. If you decide that you would like to take part, please click the link below which will take you to the online survey. Your consent will be indicated through your action to proceed to the study's questionnaire after reading the information sheet and consent form. All personal identifiable information will be removed from responses.

(Pasted link to survey)

If you would like any further information or have any questions, please contact me using my email umrmp@leeds.ac.uk. This study has been given ethical approval by the School of Medicine Research Ethics Committee (date: 28/04/2020).

Thank you!

Becky

Appendix D: An example of the different stages of qualitative content analysis undertaken (Support needs and difficulties arisen as a result of COVID-19. Main category: 'Emotional impact of the challenges').

Condensed Meaning Units	Codes	Sub-categories	Categories
Placements were emotionally challenging	Emotionally challenged	**Difficult feelings**	**EMOTIONAL IMPACT OF THE CHALLENGES**
Anxiety around covid/ worries about friends and family	COVID anxiety		
Balancing the uncertainty.	Uncertainty		
Working with staff distress and grief on top of other demands, world events, arriving home shattered	Exhausting		
Guilty for not working on the frontline.	Guilt		
Emotionally draining at times.	Emotionally draining		
Uncertainty of how this is going to impact academic work	Uncertainty		
Impact of Covid-19 on loved ones.	COVID anxiety		
Increased anxiety, stress, uncertainty	Anxiety stress and uncertainty		
A sense of 'stuckness' in regular meetings can mean I can switch off.	Sense of stuckness (P)		
It has been quite exhausting to constantly be reflecting on feelings.	Reflecting on feelings	**Difficult experiences**	
A few days with too much focus on talking about a feelings rather than actually learning.	Talking about feelings		
Sometimes a conflict between, 'looking after yourself' and the amount of work we have on.	Conflicting advice		
Uncontained services	Uncontained		
Ideally, it would have been great to have a plan for workload and emotional impact for the second half of placement.	No future plan		
Constant changes made future planning more difficult.	No future plan		
Would have been great to have had clearer plans, but not possible.	No future plans (P)		
Office conversation can feel uncontained rather than feeling supportive.	Uncontained (P)		

Inconsistent and changing messages about how the team is working.	Inconsistent messages (P)		
Changing messages reflecting wider uncertainties, therefore not sure more can be done.	Inconsistent messages (P)		
At times felt one member of staff wasn't validating.	At times invalidating		
Motivation to do uni work	Motivation	**Motivation and concentration**	
The ability to concentrate when writing thesis.	Concentration		
Focus and concentration for academic work when sat at the computer.	Concentration		
Worries about burdening staff and feeling that some questions are not worth setting up a zoom meeting for.	Worries of burdening others	**Concern for course staff and clinical supervisors**	
Not wanting to add to staff's difficulties - awareness of staff's own lives.	Worries of burdening others		
Understandably staff on placement are struggling.	Staffs own difficulties (P)		