

# Developing a National Forum for Trainee and Qualified Psychologists with Lived Experience of Psychological Distress

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Published on LinkedIn on 9<sup>th</sup> October 2017

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Surveys of the clinical psychology workforce in 2015 showed that about two thirds of trainee / qualified clinical psychologists had, or were having, a struggle with their own mental health. [The BPS Faculty of Leadership and Management](#) webpage hosts details on The New Savoy Conference and BPS Staff Survey Results, the Staff Wellbeing Charter and Collaborative Learning Network (CLAN) that developed from this.

After my own breakdown, and as a part of my recovery, I wanted to speak out about how difficult it felt to be a professional breaking down. As I started to do this through social media and lecture, I looked into the surveys, the research (paltry at present), and heard tender worries from other professionals about speaking out because of stigma of being a help giver needing to seek help. I wanted to see how many were 'out there' who are open about their 'dual status' like I am, and see if we could gather together a forum of us to have these difficult conversations. This falls in line with the British Psychological Society Staff Wellbeing charter, anti-stigma movements, anti-discrimination laws and wise thinking about our shared humanity. Great conversations have begun and trainee/clinical psychologists with lived experience of distress want to meet and discuss.

Psychologists of 'dual status' can be a rich resource in developing mental health services and practice, we have sat in both chairs and worn both hats. Through our processes, we can also think about how to model balancing self- and other-care. It is important to distinguish between competence and capacity in professional practice. A psychologist who is in touch with their own mental health needs, and acts accordingly to calibrate their self and other-care, is a competent psychologist managing their capacity effectively.

Mental health problems are commonly shared in humanity, so it is not whether you experience mental health difficulties or not, it's your relationship with it that counts! Seeking help and support to process psychological pain is a sign of strength and wisdom. An enabling environment to do this is essential, as stigma makes it so much more difficult to share. To be able to speak out minimises the incidence of professionals persevering in helping others (this is often a passion or vocation), whilst suffering in silence themselves, potentially leading to decreased capacity in work and missed opportunities for support. I believe we should make guidance about what to do when you struggle with your mental health as a professional, openly available at training stage if not before for those interested, and part of routine and normalised conversation from the outset. We need to help develop de-stigmatised language and spaces to understand how best to self-monitor the normal ebb and flow of capacity over career-time, and become good enough in calibrating how much we need to be supporting ourselves and in turn supporting others (a reciprocal relationship in all human work).

Good things are happening from the CLAN work. One of the projects is the [Honest, Open,](#)

**Proud - Mental Health Professionals** pilot run by the **UCL Stigma Unit** under the direction of Dr. Katrina Scior. This is for those psychologists thinking about all the choices and options around sharing their lived experience of mental health difficulties. I hope that a new Forum set up of those with personal and professional experience of psychological distress, can help provide support and development to professional practice. Another is the development of a guidance booklet for all trainees on how to manage self-care needs, including general wellbeing and mental health problems - it's in progress on my computer!

The embodiment in one person of professional and personal experience of psychological distress can be seen as a touchstone for thinking about integration in services and a well of potential solutions rather than problems. We speak often about the split between professional and service user in service, us and them, and how this causes perceived power friction in the system, a denying of vulnerability on the part of the professional and a denying of expertise in the service user; people with dual experience of professional and service user roles can add to the conversation on how to bridge this split. Some have said 'will you just become a third category?', my response is that at the beginning, things may need to be a little concrete as beginnings in learning often are, but with the hope that a 'third category' of dual experience becomes more granular over time, and understood as representing the experience with wellness and psychological distress that we all share as humans, I am using the word integrate in the website name.

Together I hope we can build a safe base where our shared humanity is recognised regardless of professional role, the experience of psychological distress is normalised, support systems are in place and accessible, and good self/other-care practice is modelled. Perhaps we can help to flex something about these us / them service roles which feel entrenched. There are key ingredients to the roles inhabited in the therapy room of container and contained, to make sure work gets done and distress can be processed, but do these roles need to continue to be pervasive, entrenched and split outside of the room? Can we be more open to either of us being in either chair across our lifetimes? I am currently sketching out research into this with Dr. Sue Holtum as supervisor at the **Salomons Centre for Applied Psychology** and I will be trawling the funders (anyone?).

I do believe those of dual status can be part of the wider anti-stigma beacon, held aloft by many campaigns, which strive towards the integration of knowledges and experiences to inform best practice in mental health.

Thank you for listening.

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