



ON BEING 'EXPERT BY
PROFESSION' AND
'EXPERT BY
EXPERIENCE':
THE POSITION OF THE
DUAL STATUS MENTAL
HEALTH PROFESSIONAL

Dr. Natalie Kemp

Clinical Psychologist and

Person in Recovery from Breakdown and

Sculptor and

Photographer and

Owner of beloved Jack Russell Alfie who
turned out to be a brilliant recovery dog.

2015

Sampled more than 1300
'psychological professionals'

46% reported feeling depressed over past week.

70% found their job stressful

**Gave rise to the Charter for
Psychological Staff Wellbeing**

2015

The stats spoke out!

University College London Survey
of Trainee Clinical Psychologists
2015

A sample of 564 clinical psychologists
in training

67% reported lived experience, of these 29%
current, again mainly anxiety & depression.

Disclosure to course staff and/or clinical
supervisor least likely.

**"Feel I will be seen negatively by
course staff if they are aware I am
struggling"**

**"I wouldn't tell because I wouldn't want
to be sent on leave or patronised."**

University College London and Division of
Clinical Psychology Survey of Qualified
Clinical Psychologists
2015

A sample of 678 qualified clinical
psychologists

63% reported past or current lived experience,
mainly depression and anxiety.

11% had disclosed to no one, 38% to
peers/colleagues, and 26% to employers.

Reasons for non-disclosure?

**FEAR OF BEING JUDGED NEGATIVELY
IMPACT ON CAREER
SHAME
IMPACT ON SELF-IMAGE**



CLINICAL PSYCHOLOGISTS' EXPERIENCES OF PERSONAL DISTRESS CHARLEMAGNE-ODLE ET AL. (2014)

- Qualitative IPA study on CP's working in the UK. Eleven Chartered Clinical Psychologists (nine female, two male) in 90 minute interviews over telephone or face to face.
- Psychologists had different manifestations of distress. Many experienced a positive impact on their relationships with clients, but also difficulties managing personal distress with the demanding nature of the work.
- Work was perceived as an escape for some, reducing workload, taking leave or resigning were indicators of attempts to self-manage.
- If distress was unsupported or undetected, psychologists may attempt to persevere in spite of personal difficulties affecting work.
- Multiple stressors: strained relationships, personal caring roles, long hours, high-pressure and organisational expectations.

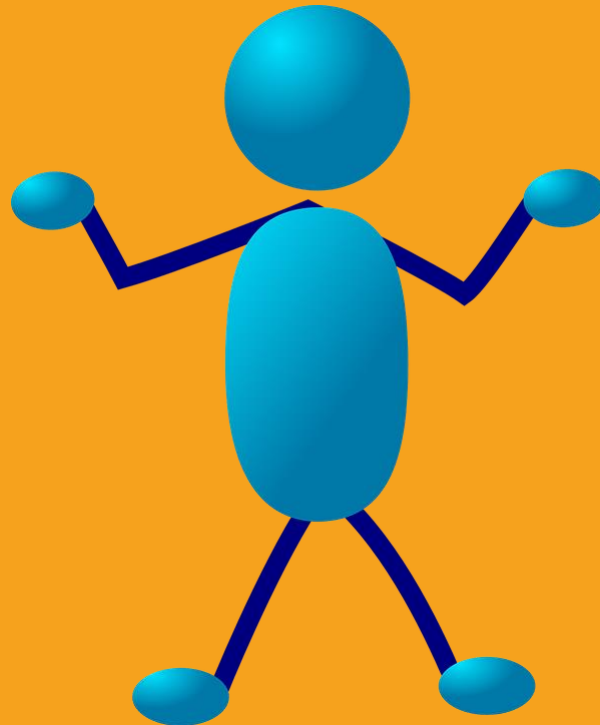


CLINICAL PSYCHOLOGISTS' EXPERIENCES OF PERSONAL DISTRESS CHARLEMAGNE-ODLE ET AL. (2014)

- Being a psychologist may influence how distressing experiences are processed through self-application of knowledge. Sometimes ineffective and causes self-criticism, false sense of security and professional doubt.
- Disclosure was difficult for some due to stigma, fear, negative self-perceptions reinforced by anticipated social /professional expectations and being 'good enough'.
- Sometimes other psychologists seen as a threat rather than source of support, as 'copers' or 'representatives of an intolerant profession'.
- Continuing work where possible could help with self-esteem, with employer flexibility. Discouraging messages about being a psychologist in distress were seen by some as representative of the profession, compounding disclosure fears.
- Distressing experiences increased appreciation of client distress, ability to self-monitor for distress sooner, developing preventative strategies and a healthier work-life balance.

LOOKING AFTER OUR MENTAL HEALTH: HOW DO WE DO IT?

The individual





It's okay to rest.



BuddhaDoodles.com
by molly hahn (mollycules)

EXPANDING THE STRESS – DISTRESS CONTINUUM (WISE, HERSH & GIBSON 2012)

- Psychologists bring strengths and vulnerabilities to their career, there are occupational hazards in human work and pressures of service demands/ resources.
- Sustainable self-care builds from acknowledgement of “being human”, recognising “false demarcations” between selves and clients, becomes “not only an ethical imperative but a human one”.
- Dialectical perspective, inter-relatedness of caring for self and caring for others.

EXPANDING THE STRESS – DISTRESS CONTINUUM (WISE, HERSH & GIBSON 2012)

Proactively increase support/self-care

surviving
improper behaviour – impairment – distress – stress

flourishing
well-being, resilience, (post-traumatic growth), compassion, awareness of CT reactions, attune without over-identifying

impact on
capacity

Self-care as obligation in
human work

ethics

competency

TWELVE SELF-CARE PRINCIPLES (NORCROSS & GUY, 2007)

- Valuing the person of the psychotherapist (therapist as an indispensable curative agent; apply skills used for clients to oneself).
- Refocusing on rewards (the benefits and privileges of work; practicing gratitude).
- Recognizing the hazards (acknowledge and accept occupational challenges endemic to the field).
- Minding the body (practice essentials of healthy living; sleep, eat, exercise well).
- Seeking nurturing relationships (cultivate support among colleagues, family members, friends and mentors).
- Setting boundaries (establish and maintain boundaries between self and others, personal and professional life).
- Restructuring cognitions (notice perfectionistic and self-critical thoughts; manage with compassion).

TWELVE SELF-CARE PRINCIPLES (NORCROSS & GUY, 2007)

- Sustaining healthy escapes (seek restorative activities which keep you vital and engaged).
- Creating a nourishing environment (intentionally create a positive environment for yourself, setting, colleagues and comfort).
- Personal therapy (engage in personal psychotherapy on a periodic basis as a form of positive self-development. Consider alternative approaches such as taking a yoga or meditation class). Zerubavel & Wright (2012) difference between ‘wounded healer’ and ‘impaired professional’: judgements about the extent the psychologist has processed their material.
- Cultivating spirituality and mission (connect to sources of meaning and values in your life).
- Fostering creativity and growth (diversify professional activities; seek growth, development, change, and renewal in work).

SELF CARE RECOMMENDATIONS ACROSS THE LIFE SPAN (WALSH 2011)

- **Graduate School:** Emphasis on integration of self-care practices and principles into formal academic course work and early supervision. Recognise importance of fostering a sense of community among graduate students, and of faculty mentoring.
- **Early Career:** Focus on importance of staying in touch with recent graduates and becoming active members of professional communities and networks. A reminder that this can be a time for many of major life changes, such as starting a family or purchasing a home. These developmental transitions can lead to increased stress
- **Late Career:** Emphasis on remaining current and competent and planning proactively for transition to retirement. Giving back to the profession is important at all phases of professional development, but may be especially meaningful for late career psychologists.

HCPC

HCPC Standards of Conduct Performance and Ethics

HCPC Fitness to practise definition: When we say someone is 'fit to practise', we mean that they have the skills, knowledge, character and health they need to practise their profession safely and effectively.

6.3 Manage risk: manage your health: You must make changes to how you practise, or stop practising, if your physical or mental health may affect your performance or judgement, or put others at risk for any other reason.

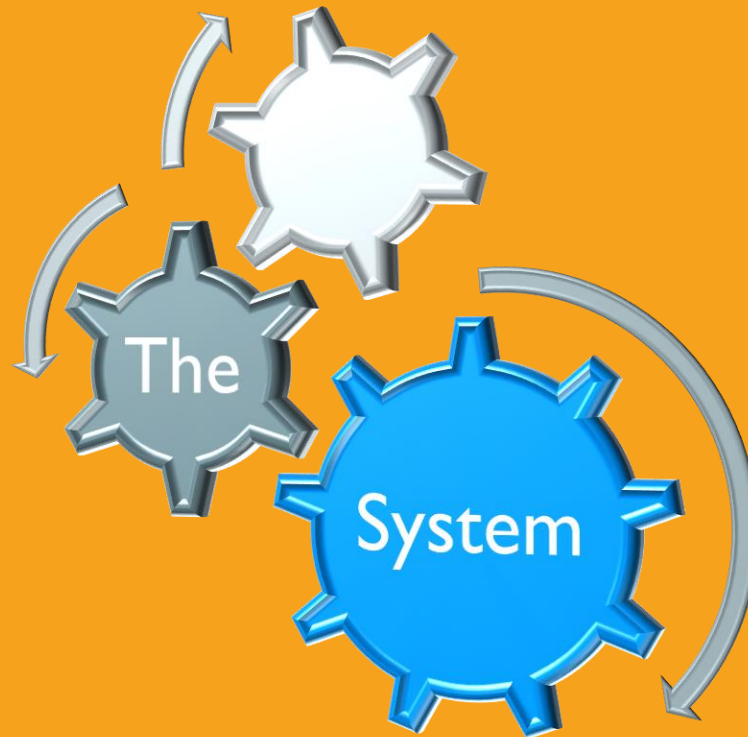
BPS

(2.4) Standard of recognising impairment.

Psychologists should:

- (i) Monitor their own personal and professional lifestyle in order to remain alert to signs of impairment.
- (ii) Seek professional consultation or assistance when they become aware of health-related or other personal problems that may impair their own professional competence.
- (iii) Refrain from practice when their professional competence is seriously impaired.
- (iv) Encourage colleagues whose health-related or other personal problems may reflect impairment, to seek professional consultation or assistance, and consider informing other potential sources of intervention, including, for example, the Health and Care Professions Council, when such colleagues appear *unable to recognise* that a problem exists. Psychologists must inform potential sources of intervention where necessary for the protection of the public.

LOOKING AFTER OUR
MENTAL HEALTH:
BUT WHAT ARE WE 'SHARING'
OUR DISTRESS INTO?



THE 'CLAN' AND BPS STAFF WELLBEING CHARTER

- Collaborative Learning Network (CLAN): joint BPS and New Savoy Conference initiative set out as a reflective learning community raising awareness and path-finding towards wellbeing and resilience.
- Important role to play in setting up and offering safe structures that could be developed in organisations and teams. Testing through pilot sites.
- Reducing stigma & changing attitudes is needed, as is recognising that professional wellbeing is not 'self-indulgent' but a must to avoid burn out.
- Safe spaces for staff to share work/role dilemmas
- Clear evidenced-based case for why wellbeing is important
- Share good practice: A culture of openness and psychological safety promotes wellbeing and acts as a buffer to stress at work.
- Awareness of mental health and wellbeing at work requires system wide ownership and leadership modelling. We need to take our wellbeing seriously in order to be taken seriously.



UCL PILOT SITE: HONEST, OPEN, PROUD – MENTAL HEALTH PROFESSIONALS (HOP-MHP)

- Katrina Scior, Project Lead & Research Lead; Henry Clements, Lead for Development of Self-Help version of HOP; Anna Hildebrand, Postgraduate Research Student and Harriett Mills, Research Assistant.
- The Honest, Open, Proud (HOP) programme originally designed as a group intervention for people with lived experience who want to think about talking to others about their experience in a safe and empowering way.
- Adapted into a self-help manual renamed HOP-MHP (HOP for Mental Health Professionals) due to the fears of talking about this when a mental health professional.
- Weighing the costs and benefits of disclosure, to whom, and how much needs to be said, outcome is own decision.



DEVELOPING A NATIONAL FORUM FOR TRAINEE AND QUALIFIED PSYCHOLOGISTS WITH LIVED EXPERIENCE OF PSYCHOLOGICAL DISTRESS

WWW.IN2GR8MENTALHEALTH.COM

ARTICLE BY DR. NATALIE KEMP CPSYCHOL
PUBLISHED ON LINKEDIN ON 9TH OCTOBER 2017

See article I read out as part of presentation.

DEVELOPING A CLINICAL PSYCHOLOGY TRAINEE MENTAL HEALTH BOOKLET

SUPPORT AND ADVICE FOR SUSTAINING WELLBEING FOR WHEN CAPACITY IS LOW, AND FOR LEAVE AND RETURN TO WORK DUE TO MENTAL ILL HEALTH.



INVOLVEMENT IN THE DEVELOPMENT OF AN INTER- PROFESSIONAL CARE FORCE GROUP

Joining of resources and lobbying power to support the well-being of staff across the Care Force at all levels, from the intrapsychic, to health care systems, to Government.

**MEDICS, PSYCHIATRY, PSYCHOLOGY, NURSING AND SOCIAL
WORK STANDING TOGETHER**

Chaired by Ruth Allen, CEO of BASW

MY 'TO DO' LIST RE: BREAKING DOWN

I had periods of being unwell, and returning to service development work in service before I broke down.

I was not happy with the lack of transparency between Human Resources and Occupational Health, nor was I happy about the Occupational Health knowledge of mental health or a return to work procedures which bore no resemblance to a mental health recovery model.

I wrote a letter to the service on leaving which included my recommendations regarding these issues – this part I would like to share.

Please see recommendations document from 2015.

TWO CHAIRS

BY DR. NATALIE KEMP

I
Take these tools that
I can lend,
my head and heart, the path we tread.
As side by side
we learn to step,
I find your pace, you find my tread.
I see your grace
you speak your truth,
the best you can, the best you could.
You see me there
sat forth to listen,
witness to another's presence.
We seek the links
that carry pain,
that hold you back against the grain.
You stay in mind
feel through my heart,
until your own can bear to start.
And when it does,
as beat shocks breath,
I'll stay until the floor's at rest.
The parts you gave
that I protect,
you take them back, you hold intact.

II
My heart's returned,
head's rediscovered,
a moment shared, a mind recovers.
You're leaving now
we both are changed,
through what was shared, through what became.
My tools are shaped
through each new us,
that walks into the chair across.
I use my head,
I use my heart,
one without other couldn't start
to fathom what
its like to be,
you sat across the room from me.

III
The person sat
across from me,
she bears the things I fear to see.
She opens space
that stilled around
the sound of truth pursued by hounds.
Discriminates,
she, northern star,
a lit path cleft through darkened scar.
She cuddles truth
that seeps like pain
through fractured mind and core aflame.
In phoenix ash
soft foetal heart,
inhales, a beat, it bears to start.