

Chapter 14: A Perfect Storm

Sam

OK, it's red [both laugh nervously].

Eve

Are you OK for me to refer to you as Sam?

Sam

Yeah.

Eve

OK, cool. Well, hello Sam!

Sam

Hello!

Eve

How are you doing?

Sam

I'm doing OK. I was saying something to someone the other day, "I'm feeling like I'm really working hard on not being as busy [both laugh] and not doing too much" [laughs]. And then this week has been testament to the fact that I'm really kidding myself [both laugh] and I've just gone from one thing to the other.

But you know, I guess I'm thankful for that as well as tired by that sometimes, you know that I've got lots of things in my life that I find energising and that I'm passionate about. Even if some of them are difficult.

Eve

And you've taken this project on as well. It's amazing to have this time this evening talking to you. I was gonna ask you a little bit about where you are. Could you tell me a little bit about your surroundings just so we can put you in context somewhere?

Sam

I'm surrounded by bubble wrap [both laugh] from the very deftly packaged audio equipment [Eve laughs], and lots of parcels of bedding that I've just dragged in from the porch and dumped on my bed while I was running around trying to have a shower and have something to eat and unwrap the recording stuff and remember who I am [Eve laughs] and all that kind of stuff as you do when you're coming in and you're in a bit of a rush.

So I'm in my bedroom because it's carpeted, and I know that's good for the old recording. And I have some various nice pieces of art around me, some green curtains that I don't like [Eve laughs]. That's disappointing. I have a new plant that I'm going to try very hard not to damage [both laugh] through either neglect or over care.

Eve

I do enjoy my plants. They're like my babies [both laugh].

I'm kind of wondering where we might begin this. There's a question in my mind that I've been thinking might be a good opener, to figure out where we go throughout this process. And that is, when you listen to Helen and Hattie talk about some of the challenges that they've encountered trying to get help, particularly talking around the ways that their experiences have been conceptualised and the way they speak about insight and its challenges, what did you hear?

Sam

I guess what I heard was, and this word was used in the first chapter wasn't it about it being an endless battle?

Eve

Yeah.

Sam

That's almost what I heard. I found myself thinking, "How have we got to a place, or how have we not shifted from a place that we started in, where care is a battle? How have we got here? And how is that so many people's experience?" And what just came across was that [pauses and sighs] Helen and Hattie are in a system where they can't win. They try that, can't win, try that, can't win, you know?

It's the tightrope, they're walking the tightrope, they can't, if they put a foot wrong, if they veer too much to one side or the other side, then they lose. And it's like they can't win. And even that notion of winning just tells us everything we need to know which is that the experience of mental healthcare is experienced as a battle between services and patients, services and people who are meant to be being supported or cared for, or, you know, by those services.

And that's, my kind of, well it's heartbreaking. And it's really infuriating. It's absolutely infuriating. It really really pisses me off. And it's hard to know what to do with that kind of anger at the state of things. It's hard to know what to do with that.

Eve

Yeah, I had a very similar response emotionally being with Helen and Hattie as they were having their conversation and talking through these challenges and dilemmas. And that's certainly like, my overriding sense was, how painful and rage inducing...

Sam

Yeah.

Eve

...I found it.

Sam

And what came across to me, and I guess I think about this in a certain way just because of what I bring to it, but what comes across to me was how much the care, what's meant to be care, I mean using care loosely, the intended care kind of replicates to, you know, well known sources of emotional pain and trauma.

It replicates neglect and it replicates abuse in lots of different ways. So the withdrawal of care, the denial of care, the epistemic injustice, the denial of people as knowers of their own lives, and then the kind of, the more active harm, which is kind of the criticism and the more active rejection and the denigration.

It really pains me that that's what's happening, but that's the only way I can kind of, that's just what it looks like to me and that's what it sounds like to me. That services repeat in some cases where people have already experienced this, but operate to create harm, either through abuse or neglect.

And that's not always to say, well it's clearly not to say, that those kind of practices can be reported as abuse, but they are abusive in the sense that they cause people pain and further trauma in the way that they operate.

And I can't remember which person said it about, you know, this can't all be compassion fatigue. This can't all be burnout. And, you know, I recognise that. And this is almost how the system works. This *is* how the system works. This is not how the system just works when it's failing, although that does come into it, lack of resource does come into it, but this isn't all about lack of staff.

This is about lack of resource, for me, I guess this is about lack of resource and responsiveness at a much broader level. Where services are designed to kind of, to count things, basically, to count packages of care and to count people and instances of care, and therefore to organise people in neat little pathways. Because it's easier to count, and it's easier to ration, when people go into neat little pathways.

When actually that does nothing to respond to people's humanity and people's, you know, just people's humanness. I can't say it another way. I feel pulled to use the word complex but it's the wrong word, because it's about being human. It's being multifaceted and multi-layered and having needs in different areas and having depths to different needs and all the stuff that makes us wonderful. And it really pains me that services seem designed, in some instances, in a lot of instances, to kind of strip people of that humanity.

Eve

I was really struck by the lack of humanity in the experiences of quote unquote care that Helen and Hattie have received. Especially when Helen was talking about accidentally being 'ccd into an email that described her as "care seeking". And when she challenged it, it almost sounded like a robot had made up the phrase, which was, "This is just a description of a particular pattern of healthcare utilisation". What does that even mean?

Sam

Yeah [in unison] what does it mean? Because when you think about it, it means, similarly Helen, I think, was talking about people saying to her, "Tell us what you need".

Eve

Yeah.

Sam

They're asking her to seek care! That's seeking care. That's what everyone does all the time. And then it's kind of phrased like this thing like you say that means something, that kind of clunky phrase that the meaning attached to it is really pejorative.

And yet, what on earth do humans do, other than try to take care of ourselves and each other and want care from each other? So it's dehumanising, I think, the need for care, that phrase.

Eve

You were asking yourself at the beginning, "How have we got to this space where this is the case?" Can you answer your own question?

Sam

[laughs] The way I try and make sense of it is that, partly because there's not enough, because there's not enough that's a fundamental dysfunction with the system. There's not enough of what's needed. So, and that doesn't just

mean there aren't enough staff, it means that there aren't enough forms of care that are responsive and truly person-centred and human.

Because there's not enough, that dysfunction in the system, somehow, in various different ways, that dysfunction gets pushed onto individual people rather than owned by the system. Or owned by the individual practitioner. And I think that's kind of because the system won't own it. Because if the system owns it, it kind of admits that it's collapsing. And, you know, there's various people in various points in the hierarchy that might struggle to do that.

And then I think it's hard for individual practitioners to hold that knowledge, because it's, it's vulnerable, and it's painful, and it's uncertain. And I don't think that we're always well prepared as people or as practitioners to kind of, to sit with that, to sit with, "I don't know what to do. I can't give you what you need". And to own that ourselves, rather than pushing it onto a person by saying things like, you know, "You're not working with us" or "We've tried everything" when you clearly haven't. Or you know, "We've given you so many" you know all that stuff that Helen and Hattie were reporting. All those tropes that kind of come out, to kind of push the problem onto people rather than the system kind of owning it.

Eve

What does that owning it look like, do you think?

Sam

I think first and foremost it means an awareness and an honesty and an openness to say things like, "You really need, you know, you need what you're telling us you need, you need this, that and the other. We can't do that, because, you know, the commissioner hasn't funded it, or I'm not sure how to deal with that, because I'm not..." you know, owning it as a practitioner or kind of owning it as a system, and kind of being honest about that.

Because you need to be honest about it to then change it, I guess. Some of those changes I think we can, we have power in as practitioners. Like we can make sure that we give each other, and find for ourselves, those safe places where we can explore our own vulnerability and uncertainty and self-doubt and emotional pain so that we can come to our work with, with patients or people who use our services in a way that's open and honest and responsive, and compassionate.

But there's other changes that are needed that we might feel more powerless in, like how do we actually get mental health services to have anywhere near the resource that they need? And I think that's really tricky. But first and foremost we need to own that. Because what's happening at the moment is

that dysfunction and that lack or that kind of, you know, that dysfunction is getting projected onto individuals and they're having to suffer the emotional pain of that, and the lack of care because of that, rather than us locating it in ourselves as practitioners or in the system more broadly.

Eve

Yeah I got this strong feeling from listening to Helen and Hattie that they were resisting that projection actually, and pushing back and relocating blame where it needs to be actually.

Sam

Absolutely! Yeah [in unison] yeah. And I guess that's probably, you know, what we're trying to do here. We're trying to kind of foster that conversation...

Eve

Yeah.

Sam

...and I think that can be really powerful when it happens. And I'm really glad that they've got to that place where they're able to do that. And yet, given what they spoke about is happening and has happened in the past, you know, there's been times maybe where that hasn't been as possible and that must be incredibly painful. And it sounded incredibly painful.

And even resisting it comes with a huge amount of emotional labour. You know to, ooh I guess, you know, lots of people and including me will know that from their own struggles with things. When you'd have a tendency to kind of take things on your own shoulders it's really, it's hard work to do things differently. And, you know, it just really [sighs] it really annoys me and angers me and pains me that people have to go through that process of being harmed by a system that's meant to care for them, and then repairing their own wounds. That really, that really, really pains me.

Eve

And you spoke about the system being abusive, but people not [sighs] not being able to get the recognition that they have been abused. Could you tell me a little bit about why that is the case? How that works?

Sam

I think because, oh, let me have a think. Like, when people are actively denied care for kind of no good reason. Or when people are kind of beaten, like, Hattie and Helen talked about beaten with the stick of capacity. You

know if you haven't got it, it's a problem, and if you have got it it's a problem. Well, you know, what is it?

If you've got capacity then do what you want, we can't stop you, and we have no alternative care other than imposed legal restrictions, you know? And if you haven't got capacity we're going to impose care that isn't necessarily the form of care that you want or need.

You know that's in a sense is abusive in the sense that it causes people harm. But in lots of areas of practice it's almost an accepted way of how services work. It's not like practitioners are acting out of the norm and that's, or acting out of even sometimes actual written policy. And I think, I can't remember, I think it was Helen who mentioned the SIM stuff. Serenity, whatever its means, Serenity Integrated Monitoring, I can't remember.

Eve

Serenity Integrated Mentoring.

Sam

You know how that was almost a protocolised form of denial of care, basically. And yet that was kind of, you know, that was bought in by services. That was given accolades. And I think people, many people, rightly, viewed that with kind of horror. But actually there'll be lots of kind of watered down versions of that. And that's what Helen and Hattie spoke about. There's lots of different versions of that, in lots of places. I guess that's what I mean, the blaming of individuals and people being made to feel like it's their fault that they have needs. Or people being denied care.

All that kind of stuff has the same kind of flavour, if I can use that term, has the same flavor, or kind of tone as, or the kind of relational resonance of other forms of abuse and neglect. It's just that it's almost a kind of institutionally sanctioned form of practice.

I don't think that means all services are like that, or all practitioners are like that. But it clearly means, because Helen and, you know, I know we've spoken about this before Eve, Helen and Hattie aren't the first people to talk about this stuff. This is stuff that so many people talk about. You know these aren't isolated bad apples. And I think even if it was isolated, that'd be the wrong term to use because we've got to understand what's really going on.

Eve

Do you think it's fair to say that the mental health system is institutionally abusive?

Sam

Umm, it's institutionally harmful, yeah, because it goes beyond individual people's practice. Because so like, the institution is set up in a way, and kind of implemented and supported in a way, that it's difficult to see how it could reliably operate in a caring way.

And there's so many experiences I've read and heard and listened about, that are similar to Helen and Hattie's, that demonstrate that it operates in a really harmful way. And that's a really, it's a difficult thing. You know, when you asked me that question you could see I was kind of, maybe, reluctant to agree with actually what I'd already just said! [laughs] But to kind of say it in a quite a stark way. And it's hard to stomach.

I had a bit of a crisis myself in this regard a couple of years ago. In that I almost had this realisation, or this thought, that that was what the system was like, in so many ways. And me as a practitioner within it was then somehow propping up a harmful system just by working within it. And working within it without being able to change all of it. That sent me into a right spiral. I won't go into it but I found a way to kind of reconcile that.

But that's just what happened for me and that's why I'm passionate about having these kind of conversations. And doing this kind of work. But I don't necessarily think everyone has the space to kind of explore that. The space or the tools or the support to explore that. But that's on us to do that work. That is on us as practitioners and clinicians and managers to do that work. So I'm saying it's hard but I'm saying that is absolutely our responsibility.

Eve

Can I ask you a bit more about that period in your life, where you did start to question yourself and your role in it? Is that OK to go back to that point? I'm just really interested when you say, like you started to sort of spiral with it, and like, not know how to position yourself in your role with the responsibility that you have. What was that period like for you?

Sam

It was almost like a perfect storm. In that I was doing a lot of work on myself, to kind of open myself up to my own internal experiences and needs and emotions and all that stuff that you'd think I'd be really good at as a psychologist, but turns out, you can know about stuff, like I think Helen said, or Hattie, you can know about stuff intellectually but that doesn't mean you can actually do it! Even if you can do it with other people and for other people. Anyway that's by the by.

So I was doing that work and then I was also at the same time being much more involved in kind of just being on Twitter and reading people's stories, hearing from people, connecting with people who kind of maybe saw

themselves as activists and survivors. And there was also stuff going on just generally in the world at the time that made me think about how society functions more broadly.

And it was like a kick in the stomach. It was like oh my goodness, I'm part of this. If I'm working in a dysfunctional system to care for people, in a lot of cases whose pain has been caused by a fundamentally dysfunctional, oppressive, patriarchal, racist, etc. etc. transphobic society, then am I kind of helping that system to exist by kind of propping it up in some way. And I was like, oh maybe I should just not do this anymore, completely leave. And then I also felt like I was being selfish, questioning my motivations for doing that work. Was I doing it just to make myself feel a bit better by convincing myself I was a caring person when actually I was propping up this awful system? All those kind of things.

I spoke about it in various places, and I spoke about it with someone who I knew in a different kind of context, but had similar things going on. And he kind of said, "Well, if you weren't there doing your work with the people you're doing it with, in your setting, would it be better for them?" And I thought, "Well, no, I don't think it would be better". Because I think, you know, with the people I work with I think I do an alright job, I'm open to developing myself, I work hard on being collaborative and compassionate, and I think I offer something to those people I work with. Then I had to grapple with, how do I find a way that I can carry on doing that work on a kind of direct basis, while honouring this kind of now honesty I had with the nature of the system and the need for it to change.

So I kind of reconciled it by committing to myself that I would continue to work in the system, but I had to also work to change it in lots of ways. And I had to help other people who wanted to change it in more radical ways than I could ever think of to change it [laughs]. Hence, you know, connecting with people like you Eve. And hence, hearing from Helen and Hattie. And wanting to facilitate any kind of honest conversation we can have about this stuff. Or any work we can do together. And as much as I'm able to, to facilitate people being able to say to me, "What you're doing is unhelpful" and me being able to kind of shoulder that, and process that, and practice what I preach in that regard.

Eve

I'm feeling lots of things as you're describing this situation of reaching a crisis and asking yourself, "Can I even do this? Do I need to leave the NHS? Is this something to continue on with?" And then confronting it head on. And going, really going into it, and seeking support from others, and yeah, becoming a radical in the system.

Sam

I don't think I'm quite there yet Eve! [Eve laughs] I'm trying my best! [both laugh]

Eve

Well, it's certainly what it sounds like!

Sam

I was too much of a SWOT at school to be a proper radical! [both laugh] I am trying.

