

## Chapter 15: Pushing Where It Moves

### Eve

I'm curious about what it is like to be openly critical of the system whilst simultaneously occupying a role within it.

### Sam

It's tricky because you kind of, I've got to do different things at different times. Like one thing I guess that I notice is there's different parts of the system that maybe have, are able to operate in slightly more or less functional ways than each other. And so sometimes you maybe find yourself in a situation where you're interacting with a part of the system, I'm trying to be deliberately ambiguous, you're interacting with a part of the system that is less able to offer compassionate care.

And that's really frustrating and demoralising for you and ultimately empathising with the person who that's going to affect and wanting to kind of make things different for them. Now, me kind of picking up the phone to whoever works in that other service and saying, "You're essentially reenacting systemic trauma" that, you know, I can't do that to every individual practitioner I meet. As I'm saying that, and I think about this often, as I'm saying that I get a prick of kind of worry or concern that not doing that means I'm kind of not being as honest as I should be.

But actually I hope what I'm doing is pushing where it moves. I guess people learn most when they kind of feel safe. You know, a lot of what I'll try and do is try and help other practitioners, or other services, find a place where they can empathise while also advocating for the needs of the person I might be working with, or the kind of system I'm in.

And I think it was Helen maybe that said about things being so disjointed and, you know, people not being able to talk to each other. And that's a real dysfunction in the system. It's like, we don't just push the dysfunction onto individuals, we try and kind of push it around the system to each other. And there's a battle between services as well as a battle between services and the people they're meant to be supporting.

I try not to just kind of shout at people. And I don't just mean people, I mean like I try not to just kind of shout on Twitter, or in things I write, or in interactions I have. Even though a lot of the time what I want to do is shout. I try to kind of communicate in a way that I think people can hear, while being as honest and kind of forthright as I can be. That's quite a tricky balancing act. But that's a big part of my work anyway, because you're often trying to bring a different perspective to your colleagues, for example. It's like how do

I hold some lines, while kind of exploring around the middle ground with people, you know?

I think that kind of idea of a middle ground is really important. So I guess I'm not saying that what I do is trying to move service provision to somewhere that's like everything's fantastic. Because that just seems such a long way off. But actually where we are now is far, far, far away from that. And where we want to get to is somewhere where we can be in the middle. Where we can be sustainable, given how things are. But we can also be responsive, humane, compassionate, and all that stuff, and we're far far away from that at the moment. Definitely.

### **Eve**

I was feeling as you were describing the situation of wanting to shout, having to contain it, having to do all that inner work, and then I love the idea, the metaphor that you say of like pushing where it moves. Like even identifying a point at which something could move, while simultaneously managing all your emotions and all your feelings about it, that is a huge amount of emotional labour you're doing on top of supporting other people in your clinical sessions.

### **Sam**

I feel like listening to people like Helen and Hattie, and other people I've listened to or read about, and connecting and building relationships with people who've been through this stuff is helpful for me to be a bit brave. So when I'm in a meeting about something like service development type stuff, or you know, policy stuff, and I'll be like, "That is absolute! What! Are they really?!" And then there's a few people that I've connected with who are trying to change the system from the outside, and sometimes when I'm in those settings and I'm feeling like, oh I wanna say something, I'll almost imagine that they're there, watching or listening. And then that gives me a bit of a push to say, "You're thinking of doing what?! That's ridic..." [laughs] more diplomatically, but, you know, to kind of be really honest and get to the point of it and challenge things.

That ability to receive challenge, to challenge the system, to challenge other people, to challenge myself, I think is really important. And it's just needed. You know, when Helen and Hattie were both speaking about, essentially getting to a point where, I think I wrote it down, I can't remember, basically I think, yeah, so one of them said initially they were hopeful that people had their best interests at heart and now they're not. And I just thought that's, you know, that's just awful. People aren't hoping for perfect care. People are hoping that they'll be treated humanely and with compassion. And that other people who are meant to provide them care will have their best interests at heart. And that hope has been dashed. And that is, that's just awful. It's awful. [sighs]

**Eve**

How did you feel when you heard that?

**Sam**

It makes me feel angry. And I think, often, the anger is easier than the sadness. Anger's quite motivating. And if I sat with, I mean I struggle with this anyway as an individual, but as a clinician if I carried the depth of that sadness around with me all the time, and I need to have it, I need to have it with me a bit, but if it's fully alive with me all the time it would be nigh on impossible, I think, to do much.

But that doesn't mean we don't have to, because [laughs] we have to find a way to do that. And at some points it feels impossible. And that's when it can feel quite overwhelming. But then I kind of just try and come back to some of the things that this wise friend told me which is like, you can put your energy into what you can put your energy into, and you need to trust that other people are along for the ride. That other people *will* be doing some of this stuff.

**Eve**

It feels important to really hear and to really feel the full range of the emotions that you're experiencing, with that rage and that really motivating anger to want to change it, but simultaneously the really really deep sadness of hearing the loss of hope, and also the loss of trust that Hattie talked about, not being able to trust any more, losing faith in the entire system, and then having to go and access private treatment.

And I know a lot of people who've found themselves in that place, or ended up getting support from the third sector. So my background is managing mental health services, but in the charity sector. And a lot of the people that I was supporting were people who'd quote unquote "disengaged" from services. But at the same time the services that I was managing were also limited. And what was really heartbreaking for me at the time was I came into one job and the manager leaving described the service that I was about to take over as a "dumping ground for CAMHS".

**Sam**

Oh, oh my goodness.

**Eve**

And I thought, "What am I getting into?" And I stayed. I did it for a long time actually, several years, but I could really feel the depth of that systemic failure, and meeting children and young people who, like Helen and Hattie, were being excluded from care. And then we were like desperately trying to meet the needs, and not being able to either basically. I was still very aware

that it wasn't meeting the needs in the way that I wanted to meet those needs.

### **Sam**

Yeah, yeah [talking in unison] it just made me think of the chapter too about talking to a brick wall. About you know, that's resonating with both of us, that idea of services can't provide what's needed, and yet all the blinking messaging is about "reach out". Awareness. And I know, you know, this has been really live topic recently hasn't it with the various days, was it World Mental Health Day or something? And I know gaslighting is the hot word at the moment, but that is what it is, isn't it? Just reach out. Oh, no, nothing for you here. Well, which one is it? You know?

Being told to just say what you need and then being told, you know, almost being made to believe that you didn't ask for it the right way, or you didn't use the right words. And actually, the answer should be, "That's a really important thing to need. We don't have that. How can we work together to tell the people that need to know that that's what you need and we can't give it you, and we need to fix it?"

I think maybe clinicians and practitioners feel powerless in that. And therefore there's a bit of kind of learned helplessness, like, I don't know, like there's, "Well, there's no point asking for it, we can't do it, so let's just pretend it's not needed. Or let's pretend it's too complicated". And I don't, a lot of this might not even be conscious kind of rationalising that people are doing, but I don't know, I just wish that we'd be a bit more honest about it.

Because otherwise it gets kind of internalised by the person. And I know, like you pointed out Eve, Helen and Hattie are at a place where they've, they can see that for what it is. And I'm really grateful for that. And yet, I'm sure it's taken a lot of emotional labour to get there. And a lot of pain to get there. And it's still not helped, you know, it's still not helped them.

All that emotional labour has been to heal themselves from the trauma caused by the system. You know it's exacerbated probably the things that were initially there. The thing is, it doesn't have to be like that. You know it's not like there aren't forms of care that help people humanely. So, you know, it's not like we're seeking this kind of magic treatment that we haven't found yet, I don't think. That's not my impression. That's not my understanding. It's about the way we resource, the way we organise care, the kind of values that we bring to it, the priorities that we have, the systems that we put in place.

The kind of strict pathway thing just absolutely infuriates me. You know you've got to go to that team for that bit of your self and that team for that bit of your self. And, well, [laughs] it doesn't make any sense. It just doesn't make any sense. You know, I just don't know how we shift that. There are

places that do that better than others I think, and I think we'd do well to kind of learn from that and capitalise on that.

### **Eve**

I think it was Helen, or it might have been Hattie, describe feeling chopped into pieces. And this piece of you can be treated over here. This piece of you can be treated over there. And Helen describing how her autism had been repeatedly misdiagnosed as a personality disorder. And then the services that are involved in communications [laughs], I'm really reticent say involved in her care because she's not receiving care, so I don't even know that language to describe what's going on. She describes it as "absurd", and that's the way it feels. But yeah, the experience of being told, "We don't do that, we don't we don't look at that, we don't deal with autism, that's over there."

### **Sam**

And the lengths often that services go to to rationalise, you know, it's not actually rational in some ways, but to rationalise that decision making. You know, "We don't do that because X, Y Z." When, you know that puts it on the person. Or, "You need to go on that pathway because X, Y Z", or, "We really think it's best for you if X, Y Z", or you know, "There's no other option" than such thing.

### **Eve**

What did you make of the discussion around coercion and neglect? I remember Helen was describing the ways that coercive treatments can be simultaneously neglectful, like coercion's not at one end of a spectrum and neglect's at the other, that they're actually like super interwoven and layered, and the relationship is so complex.

### **Sam**

I guess coercion for me would sit within that kind of more active kind of harm place. And then the neglect is kind of the denial of care, isn't it? And I think those two can definitely both be present and I think they can kind of all switch around. It can switch around in one conversation, you know? Because the enactment of active harm or punishment or criticism or something of that flavour, and the enactment of the neglect, or absence, or denial, or dismissal, they can both be operating virtually, you know, in the same conversation.

And I think when you're subject to that you can find yourself feeling like you kind of being thrown around a washing machine. You don't you know where you are. And actually where it'd be much better to be is in a place of collaboration and compassion and understanding and openness and all those kind of things.

And that doesn't mean there aren't difficult conversations. Because that's, for me, that's a really important part of compassionate care that you talk about the difficult stuff. And you think through the difficult decisions together, and all that kind of thing.

But often I think practitioners or services can be doing that stuff without even realising. And they can even sometimes think that they're doing the best for people by doing that stuff. And that's the kind of, the mental gymnastics that they're kind of performing in order to kind of quell their own, because otherwise walking around with the knowledge all the time that you're operating in a way that's harming people, there are some people that can tolerate that, and they're kind of the malicious people who are operating in a slightly different way, I think, and that, I'd hope there's not many of those. But then, for most people that would be hard to bear. You know, to walk around with the knowledge that the way I'm able to practice in the setting that I'm in is, is harmful to people or neglectful to people.

And that's the kind of knowledge that I really struggled with myself. You know, I don't think I work in a particularly neglectful or harmful place, although I think there's aspects of it everywhere in the system to some degree, but to walk around with that knowledge is hard. And to walk around, you know, if you're in a service where that's happening more, then how do you, how do you do that? How do you bring an honesty to that, and an awareness in a way that allows you to make positive change, rather than run away, essentially, as a practitioner or a clinician?

And that's where I think we've got to work together more, and make connections more, and work collectively, because an individual practitioner can't shoulder the failures of the entire NHS mental health services on their own. We've got to find a way to work together. And I guess my hope is that working together as practitioners and clinicians and whatever can also help us to find a degree of [sighs] welcoming of the vulnerability and the openness to challenge and all that stuff that it takes to work collectively with people who've experienced the system and also want to change it.

And that doesn't mean we're always going to agree, and it doesn't mean we're not still open to, I'm not still open to criticism as a practitioner who's also trying to change the system. It just means that we're kind of up for that, and we're genuinely up for it. Rather than, you know, the lip service of co-production as it sometimes is.

## **Eve**

The image that Helen and Hattie describe, one of the images they were describing, is walking an impossible tightrope. And the way that, from what I'm hearing, the way you're talking about trying to navigate [sighs] holding a lot of this emotional difficulty and pain and frustration with the status quo

while simultaneously trying to change it, but from within, feels like a tightrope of your own. As a listener, as someone hearing you talk about this, it feels like a very precarious journey.

**Sam**

It is precarious and it is a balancing act, and yet I wouldn't want to detract from how precarious Hattie and Helen's tightrope has been. Because, in my journey with that there have been very few times that I felt like, for example, my life was in danger, because of the precariousness of my situation, of the balancing act, of the tightrope, you know? So there's a different kind of quality to it. In that similar kind of forces might be at work, so to say, but I wouldn't want to detract from the level of pain that they've faced, in navigating maybe similar things.

But the difference in that is the level of pain, but it's also the power and the agency. So you know, I have a choice how much I invest in my service change stuff. It's hard to have a choice about how much you need certain aspects of care, you know. And I know Hattie and Helen have made those choices in different ways that are really, it's upsetting that they've had to make those choices to step back in order to protect themselves. That's a really difficult choice to make.

And so I think, you know, my choice is about how much I do the service change stuff or how I navigate difficult conversations or how I navigate my own relationship to my work. There's a trickiness in that but I think it's less kind of dangerous to me, almost, you know? Does that make sense?

**Eve**

Yeah, absolutely. It feels like the tightrope that Helen and Hattie are walking along doesn't have a safety net under it.

**Sam**

Yeah, or it's like maybe over, you know, it's over something that's much more, you know, it's over like a river rapids, or, rather than just a bit above a grass bank or something, you know? There's a different, there's maybe similar kind of landscape but slightly different things going on.

**Eve**

If you could talk directly to Helen and Hattie about what you've heard and what you've felt in being with their experiences, what would you say?

**Sam**

Um [pauses], I guess I feel, I feel a pull to kind of say, "I'm sorry". And sometimes you might, people might see it as odd to apologise for something you haven't done directly, but I guess I'm saying I'm sorry this is the way it's been for you. In the same way I'd say, I might say sorry to a friend about

something that, you know, happened to them. I'm sorry. I'm sorry that this is the way it's been for you. And I'm sorry that you've had to use your, kind of, all the strength and intelligence and passion and energy that comes across listening to you, I'm sad that you've had to use that to kind of heal yourself. Rather than use that for other, or as well as using that, for other things in your lives.

And I'd say, well, I would say also sorry for something I have done which is waffled a lot in this audio [both laugh]. I tend to go off on monologues, especially after a long day. And I would say, you know, "Thank you for starting the conversation." And it feels like it is the start of a conversation, you know? I've had the opportunity, you've given me the opportunity, to listen. And I'm thankful for that. And I'm thankful that that means it could be the start of a conversation. And it could help other people to have conversations. That's exciting. And I'm grateful for that. Thank you.

**Eve**

What's it been like having this conversation?

**Sam**

I've felt kind of reconnected. I've felt connected to Helen and Hattie, I've felt connected to you Eve, and I've felt kind of reconnected to, you know, some of the core stuff. And that's really important. I think, because like I said, you want to kind of carry a bit of that around with you. And now I've kind of feel like I've got, sorry if this, I hope this doesn't sound too weird, but now I feel like I've almost got Helen and Hattie that I can kind of carry around with me. And it helps me to hold in mind. It helps me to hold in mind real people.

**Eve**

Where would you like it to go?

**Sam**

I'd like it to go to help more conversations, to help more reflection, to help more honesty within services, but also between services and patients and people and communities. I guess I'm excited about how that might happen, because I think there's lots of ways that could happen. And I'm not a creative person in the kind of artistic sense, and I know that there's more of a freedom in that as to where it could go, you know. And I guess that's exciting and slightly unnerving for me as someone not like that. But I know you've got that Eve! [both laugh] You've got that down, so I'm OK. I'm OK with that being in your hands. [Eve laughs]

**Eve**

Well I wonder, do you have a particular place you'd like it to go? Does it need to go to like, a particular professional body? Does it need to go...

**Sam**

Oh, all of them! [Eve laughs] Just send it to all of them. Just go for it. All of them. I think what we spoke about briefly before that training is really important, because that's where people kind of, people bring a lot to training. Obviously, their own values and history and stuff, but in your training I think is where your kind of professional values get really grappled with and shaped and formed.

And I think if we can bring to that very early stage of practitioners' development, and of course, within those practitioners are the future commissioners and policymakers and whatever. The value of having a conversation, the value of hearing people's humanity, the value of grappling with the difficult stuff even though it's painful, because we've got to. That's our responsibility. You know, that's difficult and we need the support, we absolutely need the support with it, but we can't push the difficult stuff onto people because we're not up for grappling with it.

**Eve**

I wonder if the majority of the work is going to actually happen after. It feels like that's when the work really begins, of bringing people together to share in it. And hopefully it will take on a life of it's own, where people use it, it gets incorporated into teaching, as I say there's one course that's already keen to use it. Embedding it into the training of students. So yeah, I think there's a lot more work to do basically [both laugh].

Is there anything else that you wanted to share that I've maybe had a blind spot, not picked up on?

**Sam**

I think we touched on a lot that I'd kind of reflected on, or was thinking about, yeah, yeah, thank you.

**Eve**

Shall we wrap up?

**Sam**

Yep. Now which button do I press, the red one?

