Broken by the System

An interview with a clinical psychologist who "couldn't take it anymore"

Guy Holmes worked as an NHS clinical psychologist for over 25 years, during which time he published three books in collaboration with people from the service user movement: This is Madness; This is Madness Too*; and* Psychology in the Real World. *He retired from clinical work a decade ago, due to severe mental and physical health problems brought on by work stress in an environment severely impacted by austerity cuts.* **Penny Priest***, who worked as a clinical psychologist in the same organisation, interviewed Guy to learn more about his experiences.*

Penny: Observing your work, it always seemed to me that you put a great deal of thought and effort into working in ways which would be best for people referred to you. For example, you developed your Psychology in the Real World initiative to help people get a better understanding of the ways the world affects our psychological wellbeing, bringing patients, workers and members of the public together to discuss various topics. This was in the context of psychologists in Community Mental Health Teams (CMHTs) generally being expected to deliver one-to-one therapies. How much of a struggle was it to do things differently and did that help or hinder your own wellbeing? Was there a key point where it all started to unfold for you, which led to you becoming ill and ultimately having to leave work?

Guy: For the first 10 years this was not a struggle. After qualifying as a clinical psychologist and getting a post in an extremely socially deprived area, I quickly realised that one-to-one therapy was only curative for a sub-section of this population, and other interventions were needed to assist the community as a whole to support each other and reduce the amount of harm people were suffering. The community groups were an attempt to do that and, as Psychology in the Real World details, the measured outcomes for attendees were positive. It was also a positive experience for me.

But things started to change when our Mental Health Trust merged with a much bigger Trust. We had been a 'backwater' which had allowed us to develop services that responded to local people's needs, but then we got subsumed by an organisation that wanted to be at the forefront of every new policy and directive from national government. Both staff and patients suffered – under constant change, massively increased bureaucracy, micro-management of clinicians, new computer systems that stressed everyone out, and the hypocrisy of everyone being told 'patient care is at the forefront of everything we do' whilst in reality everything became worse. On top of that, Austerity ripped apart many things that deprived communities need in order to survive, let alone thrive, so demand for our service massively increased.

For many years I had provided individual 'multi-modal' therapy for a wide range of people with a wide variety of problems – using talking therapies from different theoretical backgrounds, for varying lengths of time suited to the needs of the people referred, in a team where doctors, nurses, social workers, OTs and support staff co-worked those patients.

But, in the last 10 years of my working life, the types of people referred to me narrowed. They were almost exclusively highly dissociative people who had suffered severe childhood and adulthood traumas and had very few resources available to help them manage their problems. They wanted to meet with me, often just to bear witness to the torture they had endured, but I lost the resources needed to help me help them e.g. co-workers who could provide quick support if they became actively suicidal. ALL of the changes in NHS policies during this period made my job harder, not easier, and took time away from providing support for both patients and staff.

These changes also correlated with significantly increased sickness rates in the team. Newly qualified clinicians didn't get chance to settle in and learn the ropes like in the old days: they arrived to a hot desk piled high with massive folders of case notes of psychotic, suicidal, sometimes dangerous people, and within months they were off sick themselves.

I had to scramble to find room space to just meet people. One room I secured was suddenly unavailable as the Estates Department closed it to reduce electricity bills. Everything seemed mad, uncontained and out of control. Co-workers who previously discussed with me how we could work together to help patients, now only talked about 'the system' – something everyone felt powerless to change.

I wrote reports and attended meetings where I tried my utmost to prevent or reverse policies that were damaging to patient care, but nothing I said had any impact. I witnessed decades of work by myself and others to make services less stigmatising and medicalising being rapidly undone. And the staff experience started to mirror the patient experience: being monitored and coerced, not supported, by people in positions of power; suffering

Learned Helplessness – a depressed state brought on by inability to reduce the toxicity of a lived environment. We were spending our working days in a state of fight or flight, with many of us using pills and potions to dampen down overwhelming feelings.

In the first 20 years of my clinical work, only one of my patients took their own lives (despite the majority severely self-harming and being actively suicidal on referral). Then, suddenly three patients killed themselves in three months. I believed these were preventable deaths. In the past we, as a team, would have been able to provide additional sessions and support when these people were in crisis. Now they were forced to wait weeks, even months, for urgent (let alone routine) appointments. I knew more people would die; and they did. People who had struggled for years with terrible problems caused by years of abuse. People who should still be here.

I started to break. IBS, shingles, breathing difficulties, skin problems, repeated infections, mental and physical exhaustion. At weekends I spent virtually all day in bed. And then more severe symptoms set in, symptoms that mirrored those of my patients – panic attacks, suicidal thoughts, severe dissociation, nightmares and heavy drinking.

Throughout my life, like most people, I had suffered various mental health difficulties, but many of the symptoms I suffered at this point were new to me. My psychology box of tricks helped take the edge off, but as I had found in my work, such coping strategies were not curative. I was completely burnt out, which was ironic given in the early part of my career I was responsible for assessing staff burnout in therapeutic services.

Eventually, I was signed off sick and assessed as being unable to return to work in any capacity in mental health. It was devastating, but accurate. It took me two years to be able to listen to anyone talk about mental health services or psychological difficulties. I glazed over and bolted out of the room as soon as such topics were mentioned. And it took me a further four years to become close to the person I was.

Penny: What helped you recover?

Guy: Being away from it all and living a very low-stress life. Support from family and friends, who let me recover in my own way at my own pace. Working as an assistant tree surgeon – being outdoors, doing physical labour. I re-joined the Walk and Talk and Film Club groups that I had set up and co-facilitated with ex-service user Nicki Evans, this time participating as a member. And writing a novel – The Black Dogs of Glaslyn (reviewed in the previous issue of Asylum) – which helped me escape into a fictional world for large chunks of the day, and distracted me from myself and my thoughts. But I'm not

that robust and I still find it extremely difficult to hear about the problems patients and staff are experiencing in mental health services. Just thinking about this interview has brought back many bad memories, and my work-related nightmares returned – for the first time in many years I woke to find the bedsheets soaked in sweat. It breaks my heart to hear of the deaths of ex-patients of mine, and I feel guilty about no longer being able to help people who need and deserve help.

Penny: What do you think needs to change to prevent workers being made ill by their work?

Guy: Based on my experience, I would suggest three things: 1. Provide clinicians with the facilities and support to enable them to provide short and long-term interventions that meet the real needs of the people referred to them, and get rid of time-consuming systems that are focussed on record-keeping and monitoring of patients and staff. 2. Promote co-working with current and ex-service users who must have an equal say in what is being provided. 3. Reintroduce kindness and solidarity into services, with less focus on techno-fixes, whether medical or psychological. You have written a novel, Penny, based in a CMHT – Team of One. What would you suggest?

Penny: One thing I would like is for senior psychologists and managers to be more honest about the difficulties faced, by both workers and service users, rather than making us feel like we're being difficult, and that we're the problem. Just hearing about your own experience has affected me deeply, in a way I hadn't anticipated. Sad though it is, it has reminded me how awful things were for me too. It has reassured me that it wasn't just me. The worse things became, the more we were pressured into providing those techno-fixes you mentioned, and the worse things got. It was a vicious circle.

Guy: I agree. In truth, mental health services have always harmed people, as well as helped them. At the end of the last century and beginning of this, it felt like the balance was tipping in the right direction, partly as a result of service user involvement and action. But many of the harmful things have returned with a vengeance, and it is not only the patients who are suffering.   ■

Guy continues to have a low-key involvement with some Psychology in the Real World projects and raises money for groups and organisations to provide free mental health care. He recently published a novel – *The Black Dogs of Glaslyn* which was reviewed in the previous issue of Asylum. *Penny* is a member of the Midlands Psychology Group and published a novel in 2024, *Team of One*, set in community mental health services. (www.midpsy.uk)