

Poor working conditions affect mental health workers' state of mind

blogs.lse.ac.uk/businessreview/2016/10/10/poor-working-conditions-affect-mental-health-workers-state-of-mind/

10/10/2016



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The Surviving Work in the UK series is produced by [Surviving Work](http://www.survivingwork.org).

Today celebrates World Mental Health day – another barometer of public attitudes towards mental health. Even over the last twelve months we have seen a rise in the public appetite to engage with and understand the growing mental health crisis. For those of us who work in mental health the changing climate is still surprising – a topic that no longer clears a room nor being avoided at parties, mental health is very much en vogue.

The one exception to this relates to mental health at work. Despite the [obvious link](#) between precarious work and precarious states of mind, my experience has been that many people are reluctant to talk about their experiences of work, particularly the difficulties of making a living and dealing with workplace dynamics. Shame, fear and toxic workplaces inhibit us from opening up the workplace can of worms of the link between working conditions and our states of mind. In part to understand this, and also to develop some resources for frontline managers and workers, in 2012 I set up Surviving Work (www.survivingwork.org) to provide practical resources on how to do it. I did this not because I'm good at it, but precisely because I'm not. Like many people working in mental health, I found myself walking a thin line between being a competent professional and feeling like a fraud at managing my own mental health at work.

The ethos of Surviving Work is essentially psychoanalytic that – and I'm sorry not to sexy this up more – we're all human, we all experience vulnerability and powerlessness, and we're all dependent on our relationships with other people to make the best out of this very bad lot. Using the anonymity of online resources, peppered with workshops and public events, the proposal is that surviving work is a dual task – it involves trying to change our working conditions, while at the same time surviving them. This involves developing our ability to see reality in all its ugly glory, allowing ourselves to get angry about it, but still trying to understand it, learning to find help and relying on our

relationships with others.

Over the last four years I have been working mainly with health workers – particularly mental health workers who deliver mental health services. Coming from a trade union background, I found working and training in psychotherapy was a real shock to my system. Not wishing to blind you with industrial relations science, but these jobs are [becoming impossible](#) in the current mental health crisis.

Because of the precarity of many of the jobs in mental health, many of us are reluctant to talk about our experiences of work, particularly the difficulties of making a living and protecting ourselves from precarious states of mind. In the years I've been working with health workers I'd say the most common survival strategy is to keep our mouths shut and heads down. Despite therapists being in the business of talking, we're not typically spending much time talking to each other about how to address the realities of our working lives.

In 2016 I carried out the Surviving Work [Survey](#) looking at the working conditions of mental health workers in the UK, the results of which will be published from November this year. Therapists face a range of employment relations problems, including the growth of self-employed workers, short-term contracts for private contractors, agency labour, the use of unwaged labour or honoraries and the insecurity of 'permanent' staff in the NHS. Many people working in mental health are not earning enough to live and many are managing workplace problems by going part time or turning to private practice. There is a generational gap of opportunities for progression within the sector and a reluctance to face up to the impact on recruiting the next generation of workers into training. When I first started running discussion events for psychotherapists on the theme of 'Do you have to marry a rich man to be a psychotherapist in the UK?' it sounded provocative. Now it does not.

What is emerging is a downgraded model of therapy where gaming of recovery data and increased precarious work has led to a [growing problem](#) of poor care. This shift is welcomed with wide-open strategic arms by the private contractors and employment agencies waiting to negotiate the next round of mental health contracts. As experienced practitioners retire and new generations of workers enter a confused market with no sniff of a pension or secure housing, the crisis in mental health is about to hit a tipping point.

As part of an ongoing project to develop resources for front line workers and managers in healthcare, I carried out a series of conversations with practitioners at the Tavistock & Portman NHS [Trust](#). Our aim was to think about how psychoanalytic ideas can help people working in healthcare to survive and improve their working lives. All of these people gave their time and ideas for free – and helped create a safe framework for talking about the demanding issues of racism, bullying, teams and group dynamics in healthcare.

Based on these conversations we have now launched www.survivingworkinhealth.org, which offers free resources focusing on ten core themes: Bullying at work, Healthy Organisations, Understanding Healthcare, Precarious Work, Precarious Workers, Dynamics in Groups, Racism, Managing Healthcare, Team Working and Solidarity in Healthcare. The resources include videos, short podcasts and two survival guides. All of the resources take a jargon free, de-stigmatising and practical approach to addressing the real problems of working life.

Our ethos is based on a relational model of work – that, in order to survive work, we all need to build our relationships with the people around us. A psychodynamic framework is a model of talking and listening, and allowing other people to influence how we see the world. It is also a model that respects the 'ordinary' expertise and authority of surviving work and recognises that through our relationships we are capable of solving both individual and workplace problems.

The resources propose adopting frontline management and team building approaches that allow people to talk and make decisions about their work. This model of 'democratic leadership' is very much part of our psychoanalytic tradition and the proposal is that these are methods that should be revived in healthcare, not least in order to improve patient care.

These are just online resources and not a substitute for talking to the people you work with – but they are a way of opening up debates at work about the tricky and painful stuff of earning a living and bullying cultures in healthcare.

We hope that you can use www.survivingworkinhealth.org in your activities, meetings and trainings. Just send the link to anyone you think would find it useful. If you are working on the front line of mental health services, you don't have time not to listen.

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Notes:

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