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EMMA HARDING

## Partners in care

### Service user employment in the NHS: a user's perspective

Personal opinion and experiences are shared around the issues of being a service user working in mental health services, supporting others who do the same.

I am a service user and a National Health Service (NHS) employee, engaged in helping service users gain and retain employment. This article is a brief summary of the journey I have taken and lessons that I have learnt about service user employment in the NHS.

The user employment programme at Southwest London and St George's Mental Health NHS Trust is implemented by a small team of employment specialists working to support people with personal experience of mental ill health to attain and retain jobs within the NHS. There is a triad of support available in terms of enabling people to get jobs by providing weekly details of vacancies and assistance with application forms and interview skills. We then help people navigate the often tortuous journey between a successful interview and the first day at work by offering benefits advice and information and sometimes an escort for the dreaded occupational health assessment. Maintaining confidence is also a large part of the work we do. Finally we offer ongoing support for as long as an individual requires it to enable people to sustain their employment.

#### Perceptions of service user employment in the NHS

Although our service has been in existence for almost 10 years, the reactions I get sometimes still amaze me. The 'general public' can hold distorted views about service users in employment – a case in point being the bank manager who could not believe that an individual with a psychiatric diagnosis could use a cashpoint, let alone earn money to take out of it. Some mental health professionals also have pessimistic ideation about people in their care. When conducting some research about NHS managers' attitudes towards employing service users I contacted pretty much every ward manager within the trust with a view to interviewing them about their experiences. One manager responded by saying that they would love to help, but they worked in an acute setting so of course they did not employ service users. I did not mention the fact that this particular person's clinical director is a service user who has had more than her fair share of working in acute settings. Other people feel the idea is a joke, quirky or a 'flash in the pan'. We have a proven track record over the last 10 years and there are many other trusts implementing similar models around the UK and also in Denmark. Perhaps the saddest incidents for me have to be the people (I presume service

users) who ring up for advice and will not give their names, for fear of being 'outed'.

#### My experience of accessing support from the User Employment Programme

My first thoughts on hearing about the pioneering work the trust was doing back in 1997 were that it was too good to be true. I was a student of psychology struggling to get over a serious psychotic episode and read an article about the service in *The Times*. My lecturers had told me that I should not try to work as a professional in mental health, friends regaled me with stories of people with a similar background giving voluntary talks for years and not ever being given the chance to break into the dizzying financial solvency that is an NHS wage.

I had found my experience of mental health problems profoundly life-changing and I wanted to plough my experience of recovery back into the system. So despite the pessimism I decided to go and visit the programme while still a resident student and talked to the then coordinator about my plans to work in mental health, which to my surprise were not laughed at or treated with derision. After graduation and 30 random but unsuccessful applications later, I saw a post being advertised by the trust. It was for a healthcare assistant working in a community house, and despite being 2 h late for the interview I was eventually offered the job.

When I started working I did not think I needed to access support – I felt it would be an admission of incompetence, of not being able to cope on my own – so I just got on with it. Or tried to; the transition from being a student with only 2 structured days per week to being a full-time employee was one I did not make easily. Not entirely related to my diagnosis (I had by this time been labelled 'schizophrenia') I took lots of time off and was not particularly reliable. Eventually, stress and risperidone caught up with me and I had to be admitted to hospital to change to olanzapine. After this I decided I would access support and I came to realise that I was not the only one worrying about coping, about maintaining a façade and about working in a service user environment built and policed by people who were very definitely not service users. It also began to occur to me that everybody needs some form of support in order to carry on working; I was just lucky to have it on tap. After a few weeks of working with my appointed project worker I began to piece together the makings of a job, then a career. I was soon getting positive feedback from my manager and colleagues and have been fortunate to continue to progress through the hierarchy and have just spent a year acting as the team coordinator.



## Why should patients make good practitioners?

In terms of switching allegiances from user to provider I concede it is not necessarily easy, but I feel that there is a unique contribution that service users can bring to working with people who may share some common ground. I have often tried to articulate the difference that personal experience can make and the closest I have come is to describe the 'natural acceptance' that someone who has been there (or thereabouts) has of the distress and manifestations of mental ill health. Instead of starting off with sometimes well-intentioned categorisations and stereotypes about what is normal and how one should behave, service users can take the place their clients are at now as a starting point. It is then possible to utilise the optimism and flexibility that is necessary in negotiating your own recovery in deciding and working towards goals meaningful to the individual being cared for.

There are a few other issues I lump together as 'the persuaders'; factors that can encourage people to change their hearts and minds about the issue of user employment in the NHS. First, there is overwhelming evidence that working in any capacity can help you to maintain your mental health, and that unemployment is decidedly unhealthy, both physically and psychologically. I feel NHS user employment is particularly important as it enables people to consolidate and make use of what is to the rest of society misconstrued as a dirty secret or even a menace. For the individual themselves, the experience of distress is often a series of life-changing events; being able to make use of the revelations these bring is a natural panacea. The fact that our trust seeks to recruit service users and has 'normalised' the practice by developing a trust-wide charter means that it is possible not to be on show, not to be a token user having to wear a neon sign warning others that they are a psychiatric

patient. People can be valued as employees for their full range of skills, not just their ability to make it into the office in the morning while on antipsychotics. There are also many people I have worked with who use the same yardstick: 'I will know I am well when / I can hold down a job / I can provide for my family / my experience of distress isn't the most prominent thought I have when I wake up in the morning'.

## Conclusion

We are all aware of the current crisis in turnover of staff in the NHS (which does not seem about to be resolved despite the long heralded Agenda for Change initiative) and the startling home truths about social exclusion revealed in the Social Exclusion Unit's incisive report on mental illness and social exclusion (Social Exclusion Unit, 2003). It would seem then that it makes business as well as ethical sense to employ service users in the NHS. And I for one will cherish the opportunities I have been given to develop a career in mental health that might have never been.

## Declaration of interest

The author is a service user who runs the user employment scheme at St George's Hospital.

## Reference

SOCIAL EXCLUSION UNIT (2003) *Mental Health and Social Exclusion*. London: Office of the Deputy Prime Minister.

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