![Patient logo]

What it's like to work in mental health services when you have a mental illness

When we seek help from mental health services, the staff are there to help and support us. However, we can forget that healthcare professionals also have their own struggles, and it can be easy to assume they have everything together. 1 in 4 people in the UK experience a mental health problem each year. In this piece, we're going to explore what it's like to work in mental health services when you have a mental illness yourself.

Meet the interviewees ...

Cara

Cara is in recovery from anorexia nervosa, which she's struggled with on and off since her teens. She also has bipolar disorder. Cara has a background as a registered mental health nurse and recently qualified as a children's cognitive behavioural therapist.

Prior to entering her profession in mental health services, Cara worried her colleagues would find out about her mental illnesses and that this might affect their perception of her. While she admits to being good at compartmentalising her work and personal life, Cara had to set boundaries from the offset.

"I knew that I didn't want to work with people with eating disorders as I would find that too challenging and it wouldn't be helpful for me or my patients."

Cara is now open about her mental health difficulties and has a strong support system in place.

James

James is a trainee counselling psychologist with experience of eating disorders, OCD, depression and emotional distress. He also has ADHD.

Entering his training, James was wary of judgement. He worried about disclosing his personal struggles following difficult past experiences with others directly questioning his suitability for working in a clinical role.

James admits that his job can be demanding, adding that stigma associated with mental illness still very much exists and has impacted him negatively.

However, James has been open about his experiences and most of his colleagues are aware of his background.

"People tend to assume that I must be fully recovered to do the work that I do. I think we need to challenge this kind of black-and-white thinking about mental health in general, including in relation to working in mental health services."

Gem

Gem has anorexia, depression and anxiety, and she is a mental health nurse.

When Gem qualified, she was in recovery and knew lots of other people working in mental health with a history of mental illness. Therefore, she wasn't apprehensive of working in a mental health service.

However, when she relapsed, she tried to hide her struggles from her colleagues. She worried that she would be treated differently. Fortunately, when they did find out, the response was positive, and she argues that she's a better nurse because of her lived experiences.

"What I've been through helps me to do my job better, but it is hard to be working while actively struggling. Anorexia affects my ability to concentrate, and has required me to take time off."

The challenges of working in mental health with a mental illness

Prioritising others over yourself

Working in mental health alongside battling your own mental illnesses or pursuing recovery can bring great challenges, something Gem found out the hard way.

She discovered that, since working as a nurse meant long shifts, it was easy to let her own well-being fall to the bottom of her list of priorities.

"Being a nurse means I'm often keeping myself busy, to a point where I don't take breaks and end up neglecting my own health," she says.

"Working 12-hour shifts including nights can make it impossible to form a routine. As someone with anorexia, routine is essential. Lack of routine simply means eating whenever I can, without set meal times. This was especially hard after relapsing."

Gem says lack of structure in her hectic working life caused relapse to happen quickly after her symptoms were exacerbated.

"My anorexia absolutely thrived."

Navigating stigma and shame

"Anxiety around what other professionals might think makes me doubt myself and my recovery," says James.

He adds that employees with mental illnesses should be able to ask for support in the workplace without shame.

"I wish all employers actively started conversations about staff mental health, rather than expecting people to disclose themselves. A proactive approach that opens doors and encourages people to ask for support unashamedly is cheaper, safer and more humane. We should be initiating these conversations, rather than waiting until people can't cope."

Gem echoes this, saying: "I feel there is a stigma that, because I am a nurse supporting others, I cannot be unwell. For a long time, I was ashamed and didn't want to be honest with my manager about my eating disorder, which actually resulted in it getting worse and going unnoticed unnecessarily."

Taking time off

Cara took six months off work in 2020 while in day treatment for anorexia. She also had six weeks off following a manic episode in 2018.

Likewise, Gem needed time off last year following a relapse.

"It took a while to admit, but it was not safe for me to be at work due to the responsibility my role carries."

Despite accepting that time off was necessary, Gem still battled with her desire to go back to work, saying it was fuelled by her eating disorder.

"I wanted to go back because it was easier to engage in eating disorder behaviours if I was working. I kept insisting I was well enough to return to work, but anorexia is manipulative and sneaky.

About a month later, I was really poorly. I was advised again by my team that I shouldn't be at work. They reminded me that if I wasn't well enough and if something bad were to happen, I wouldn't forgive myself."

By the time she returned work this January, Gem was more self-aware and able to recognise when she was struggling.

The transition from patient to employee

To be a patient at a mental health service one day and the professional offering out advice the next can be a big jump.

Gem explains how much she still struggles with going from being just a patient to being both a patient and a nurse.

"I juggle my own treatment with work, so I can be on shift then have to go to an appointment. I find it very difficult to reconnect with myself when I go back to work. Equally, I find it challenging to be honest about myself during my own appointments."

Gem is a patient within the same trust that she works for, which creates a different dynamic.

"I know the answers they want to hear to their questions. I know what paperwork they are doing. This makes it hard to express how I truly feel."

Are there any benefits?

Increased empathy

Both Cara and James believe their experiences allow them to connect with their patients on a different level, in a way that those without this experience can.

"I don't think having mental health problems makes me better at my job, because we all have our own skills. My mental health also doesn't tend to interfere with my performance day to day. However, there are ways I can empathise with people more easilythan those who don't have their own experiences to draw from," Cara says.

James adds: "I am able to relate to other people's journeys through my personal background with mental health issues. I can understand more about my own challenges by listening to what others have experienced."

However, James believes his lived experiences are only valued by patients to a certain extent.

"I think it can be difficult for others to trust that you are competent when they are aware that you have your own experience. I have needed to reassure people that I am OK. I think we are more accepting of professionals having *lived* experience of mental health issues when they are clearly recovered, and far less OK with *living* experience - when someone has ongoing mental health problems."

A motivator

"I think my job motivates me to stay well," says Cara.

"I do find it stressful, and there are times when it interrupts my eating routine, but I feel well enough to adapt to that now."

She adds that support from her colleagues has been paramount in balancing both recovery and employment.

Cara has even delivered talks about her experiences to educate others on treatment for eating disorders.

"My colleagues have been incredibly supportive of my sick leave, and of me needing to attend therapy appointments and work from home.

"It's actually seen as an asset by my service, and I've presented at conferences organised by my employer, sharing my story and how to care for people with eating disorders."

Should you tell your boss if you have a mental illness?

Entering a job in mental health can present the dilemma of, "should I tell my boss that I also have a mental illness?". Cara and Gem both found their employers made adaptations to support them when they disclosed their history.

Cara hasn't needed to access counselling services at work as she has external support, but she has received informal support with supervision and good support from occupational health.

"I want employers to know it's perfectly reasonable for people with mental health problems to ask for - and a legal requirement for them to be permitted - reasonable adjustments which mean they are not substantially disadvantaged when doing their jobs. Reminding someone they are a valued member of the team has a significant impact on their well-being," she says.

Meanwhile, Gem approached her manager when she felt unable to work. Since being made aware, bosses have ensured Gem takes breaks, adjusted her hours and temporarily removed her from night shifts.

On the other hand, James has found his training institution isn't understanding when it comes to supporting long-term mental health conditions as a disability.

"I'm reluctant to push this further because it can be exhausting to challenge the status quo when you are already disadvantaged. I wish all employers were disability confident."

So, what's next?

James wants people to realise that working while mentally ill isn't black and white.

"It is either viewed as an amazing asset that automatically makes you more empathetic or something that disqualifies you from being able to work with anyone with similar diagnoses. I think both of these views are wrong.

Just because I have experience with anorexia, doesn't mean I can relate more to someone with the same diagnosis but a completely different background. Likewise, it doesn't mean I will be triggered by everything."

James believes we need to explore what line needs to be crossed in order for someone to be unsuitable to work, which we currently do better for physical health than mental health.

Gem also wants more open conversations, after fearing being "told off" for having difficulties.

"We need to normalise talking about mental health in the workplace and creating safe spaces."

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Last updated by: Emily Jane Bashforth 14/02/2022	
Peer reviewed by: Dr Sarah Jarvis MBE, FRCGP 14/02/2022	

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