

My psychotherapy career: How to get started in the NHS

With Judy Beckett

Jenna:

Hello and welcome to My Psychotherapy Career, a podcast where we explore the different therapeutic settings our members work in, and how they came into their career. I'm Jenna Rachid, the Digital Engagement Officer at UKCP. Our host Hellen Willingham is the Head of Content and Engagement at UKCP, overseeing all our communications to members and the public, as well as our policy and research work. In this episode, Hellen speaks to UKCP psychotherapist and supervisor Judy Beckett. Judy is an experienced family and systemic psychotherapist and has worked in the NHS for the last 10 years, previously holding a position within well-known charities including Relate, and Cruse Bereavement Care. Hellen seeks to find out about Judy's career in the NHS, and what advice she'd offer those seeking to enter this setting.

Helen:

So, you work in NHS secondary care, Judy, and what's the role of a psychotherapist working in that setting?

Judy:

So, I'm working within specialist mental health services as a psychotherapist at the moment doing individual therapy. Prior to that, I worked leading the family therapy service within our secondary care mental health service. So, I've worked in both those sort of different types of roles. But basically, the role of a psychotherapist in secondary care is to provide therapy to clients, but also to help teams really think about the work that they're doing, and kind of perhaps reflect on some of the work that they're doing with clients. So, it might not always involve seeing clients directly. Sometimes it's actually more about working with the system around the client.

Helen:

Okay, great. And so, when you say you're working with teams, is that working as a psychotherapist with them? Or is that informing some of the work that they do with the clients?

Judy:

Yeah, that's a really good question. Yeah, it's mostly, I would, say informing some of the work that they do with clients, but also perhaps sometimes is about helping them to reflect on the way that they're working with clients. So perhaps just a bit like doing supervision in a way, kind of sometimes helping them to think about perhaps what the client invites from them, or how they're responding to that, or thinking with them about if psychotherapy might be appropriate, when it might be appropriate.

Helen:

Yeah. And I guess, with different teams as well, you know, what's the kind of makeup of those teams, what sort of roles are involved?

Judy:

The current team I'm working with is a community mental health team. And there are doctors, mental health nurses, occupational therapists, psychologists, support workers, employment support workers. So, there's a number of different members of staff in those teams thinking about the sort of client needs, really. I've also worked with impatient teams, meeting with, you know, members of those multidisciplinary teams, which will often have that sort of similar profile of staff within the NHS setting, might have additional staff we, for instance, dieticians. So, I suppose it just depends on what the issue is with the client as to who needs to be at that meeting. And sometimes we have people who've come from third sector who come to join meetings, and perhaps if they're also working with that client.

Helen:

Yes, it really varies. This is great. So, when you started out, was your goal to work in the NHS?

Judy:

That is an interesting question. I think it might have been, but I don't think it was so clear in my mind at the beginning, actually, that that was my goal. I'd had contact with NHS services, I'd been working alongside them for some time really. I worked at the university for a while as a researcher doing health research. So, I'd always have this sort of interest in health services, really, and in mental health services particularly. So, I think I really did want to be involved in helping people who had more sort of complex mental health difficulties. I sort of struggled with my mental health in my late teens and early 20s. So, in a sense, I really wanted to be able to kind of help people who were in that sort of struggle really.

Helen:

How did that come about, you know, how did you enter into the NHS workforce?

Judy

Yeah, so it was not easy. I think that's probably worth saying. So, I began working in the third sector, I did quite a lot of work with different third sector organisations. I worked with Cruse Bereavement Care for a while, I worked with Relate and I developed a lot of my skills really while I was working in that context. Actually, I did a counselling training before I did my psychotherapy training and I applied for quite a number of NHS jobs, but I found it very difficult to get an NHS job in the first instance. At the time, what I found was a lot of people recruiting psychotherapists to work in the NHS wanted psychotherapists who had experience of working in the NHS. So, it was really difficult to get a foot in the door. And when I did my psychotherapy training, which was a family therapy, systemic psychotherapy training, as part of that I had an NHS placement, which meant I built up some NHS experience and that made a huge difference really.

Helen:

You actually led a family therapy NHS service for eight years, didn't you? Can you tell us a bit about that role?

Judy:

Yeah, so I began actually, I came into the NHS working as a bank psychotherapist. I was on a sort of temporary contract, and it was working with individuals to clear the backlog, a big waiting list that they had at the time. And then by chance, as I was coming to the end of that role, the qualified family therapist in the Trust at the time was leaving. They didn't have anybody to work with this family therapy service, which was a small service. And so that opportunity presented itself and I think at the time, I was the only other qualified family therapist in the Trust. So, I was asked if I wanted to be involved with that, or whether I would be interested in that post. So, I took that post on a temporary basis, leading this family therapy service, coordinating it, and then gradually, the role sort of developed and it became a permanent post.

Helen:

And now even, you work in community mental health service, and like you said, offering psychotherapy, but you also have a private practice, don't you?

Judy:

Yeah, I do a little bit of private practice, that's part of my work.

Helen:

How do these roles differ?

Judy:

You know, one of the things that I like about working in the NHS, that's fantastic really, is that, you know, it's quite easy to access other support for the person that you're working with within the NHS. It's very nice to have that sense of connection. I think in the private practice, obviously, you have a lot more autonomy, but also, you're a bit more isolated, in some ways, you know, you've got to work to get those connections, really, what would be the main difference. And also, for some clients, they benefit from having more kind of support around them, perhaps they need more than a weekly psychotherapy appointment.

Helen:

I guess you get to see kind of both ends of the scale in that way in terms of both client side, but then also in the fact that you're working both in a team and then, as you say, kind of quite isolated, and with your own autonomy.

Judy:

Yeah, the other thing, I suppose you have a lot more freedom to offer something to clients within a private practice setting. Within an NHS setting, you're working within parameters and thresholds that have been laid down by the organization in terms of which clients can be offered a service at that point in time on the basis of their mental health at the time. So it might be that sometimes someone might be seen to not to meet the kind of criteria for a secondary care service, for example. And so that referral, I could take on a private basis if that came to me as a private referral.

Helen:

Sure.

Judy:

Yeah. I'm not talking about moving referrals from one to the other. I'm just talking about actually that you're not constrained by these thresholds, that's the difference I think in private practice. Although, you know, obviously, I would make a judgement I think about whether something was too complex to be managed within a private practice context.

Helen:

Why did you become a psychotherapist?

Judy:

Yeah, so I think I said to you that, you know, I had a bit of a struggle with my own mental health in my late teens and early 20s. And during that time actually and following that, I developed a real interest, I did a lot of reading, I was helped myself by some really good psychotherapy. And I had a natural interest really, and I decided that I wanted to pursue that. I just found the reading fascinating. I went on an introductory training for the systemic family therapy course, and I love the ideas about how things connect, thinking about things within context and that really inspired me to undertake that psychotherapy training. So, I completed my counselling, individual counselling, training, and then took on the systemic psychotherapy training.

Helen:

Great, and did you do that straight after?

Judy:

I did some of it in parallel.

Helen:

Okay.

Judy:

Which was really challenging. For some of the time that I was doing the second half of the counselling training, which was a BACP practitioner training, I was also beginning the sort of foundation level of systemic family therapy. It was really... I found it so fascinating to compare these models as well, to think about how they were similar and different. And it was really complimentary, you know, rooming the two together, I've benefited from that enormously.

Helen:

Great. Although it sounds like it was probably quite hard work as well to do.

Judy:

It was, yeah.

Helen:

And what were you doing before your training?

Judy:

Yeah. So, I worked as a researcher at the University of Leeds, I worked in the mental health services research office. We were doing service evaluations for the commissioning at the time, who wanted to kind of look at which services they were providing and which services they were planning to provide. So, it was very interesting work, quite a lot of interviewing and it was qualitative research primarily. And those research skills actually, which I developed during my time working at the University of Leeds, were extremely useful to me going forward into my work. And very useful in terms of the NHS work, being able to look at what research was out there, being able to account for the evidence base, those skills were really useful.

Helen:

And are those still skills you're using now in your role?

Judy:

I think probably less so. So, when I was in a management role, I would have been much looking at, you know,

how could we get funding in for something, or areas of service development, in that context, you know, the research skills were really helpful. At the moment, the work that I'm doing in the NHS is mainly clinical work. And so, although that, you know, I'm interested in reading research, and so on, I'm not using it in quite the way that I was doing. So, in the family therapy service, it became clear to me - and I already had a good understanding from that University of Leeds work - the importance for the NHS of being able to account for practice and the way that money was being spent, it helped us as a service to be able to make the case for more qualified systemic psychotherapists working within the family therapy service. So, when I began, I was the only systemic psychotherapist there. And when I finished, I think there were five of us. So, the service grew over the time that I was there, and it became much more of a specialised service, really.

Helen:

Wow, and it's quite a big leap as well, up to five.

Judy:

It was and we'd built up some work going out into a couple of inpatient services, so one into CAMS, and one into an eating disorder service. So, the work had really developed. There were a team of us, we trained in behavioural family interventions, so that we could actually have a bit of a pathway for families being referred into the service. So over time, it really grew and developed. But again, it's thinking about what were the needs of the NHS? And what are the needs of the patients accessing those sorts of services? And how can we best meet those needs? And really thinking about how to make the case, I think that was really essential skill really, in the development of that service.

Helen:

What does being a UKCP member mean to you?

Judy:

In the NHS context, having that clear sense of professional identity, I think, kind of having a steer as well, in terms of values and ethics. All of that has been very helpful, really, to my practice over time, yeah.

Helen:

Reflecting back now, is there anything you wish you knew before you entered into psychotherapeutic training?

Judy:

I suppose it's thinking about what a demanding sort of job it is, really. The other thing that I learned over time was the importance of thinking about the context that you're stepping into, and really paying attention to that and thinking about how to connect with that context. And I wish I had thought more about that up front really, in terms of when I chose my training, but also my placements and all that sort of thing. Just thinking more about the context.

Helen:

And when you say context, do you mean in terms of clients you're working with? Or the space? Can you break that down a little?

Judy:

Yeah, so I think I'm talking about organisational context, it's really important. And I think I came to a greater appreciation of that over time during my training and afterwards. Thinking about how psychotherapy is seen within a particular organisational context, how it fits with usual practice. It would have been good to have thought more about that beforehand, really.

Helen

Yeah, it's a really interesting point. And I guess as you're working with so many different people and different roles, that context can change each time slightly, too.

Judy:

Yeah. And I think there is something about the professional context, the priorities for those professions. Is it about getting things done? Is it about action, behaviour? It's really trying to tap in and think about what's meaningful in this particular environment. So, for instance, an impatient environment where there's significant levels of self-harm, you know, what's meaningful there is 'how do we reduce the levels of self-harm?' It's important to kind of understand that before thinking about how to engage with that professional system, I think.

Helen:

And what advice would you give to someone considering training as a psychotherapist or psychotherapeutic counsellor? And this doesn't necessarily have to be just within the NHS, but in general.

Judy:

I think the advice I would give is, look for a course that can help you with a good quality placement, I think that's really important. You know, the thing that was brilliant about the systemic training was that the placement was organised by the training, and there was a good connection between the training and the placement. I think that's really an essential ingredient, really. And as I said, before, you know, make sure you've got good networks of support around you. The training is very demanding. So, you know, you need good kind of support around you during the training, if possible.

Helen:

One thing we haven't really touched on is about the supervisor as well and that support, how did you go about finding supervision?

Judy:

Yeah, I mean, the supervision is really essential, isn't it? I mean, I've had different supervisors over the years, different approaches and that's been very helpful. Sometimes it has come with the organisation, so they have provided a supervisor. And sometimes I found that supervisor myself. Supervision gives you an excellent space to reflect on your practice, and to think about how you're working. And also, I think it's very helpful to have supervision which can help you think about the context in which you're working, and make sense, perhaps, of how the client work fits within that. The supervision becomes such an essential support, I think, when you're working in private practice. So, I do some peer supervision with a colleague, I have some supervision that I pay for privately and I've gained a lot from the different supervisors that I've seen. And during my training, you know, the supervision was just essential, really, to surviving it.

Helen:

And how would you say training has changed you?

Judy:

I think I gained a huge amount from training really, in terms of confidence, you know, it really built my confidence. It gave me a space to look at things in different ways, which I found fascinating and wonderful, really. The opportunity to help people perhaps more effectively. And I think also been able to make more of a contribution to the development of work in the NHS, that really mattered to me, actually. And to be able to develop a service that was working well and of a good standard, you know, good quality service. So, I suppose those things, I feel I've benefited from the training in relation to those things.

Helen

That's great. Thank you, Judy.

Jenna

That was UKCP psychotherapist and supervisor Judy Beckett speaking to Helen Willingham, our Head of Content and Engagement. If you're interested in exploring training, then you can visit our psychotherapy training page, where you can find information on psychotherapy as a career, as well as the different training pathways available to you. Just go to www.psychotherapy.org.uk/psychotherapy-training. All episodes of My Psychotherapy Career are available on our website psychotherapy.org.uk. You can also subscribe to our channel UKCP on your favourite streaming platform. Do you have any feedback you'd like to share with us on this episode, or any from our series? Get in touch with us at communications@ukcp.org.uk. Join us again next month. Till then thank you for listening and take good care of yourselves.