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Division of Clinical Psychology

BRIEFING PAPER

Statement on clinical psychologists with lived experience of mental health difficulties

The Division of Clinical Psychology publicly recognises and supports the unique and valued contribution that lived experience of mental health difficulties brings to individuals working within clinical psychology. When lived experience is actively valued in aspiring, trainee and qualified clinical psychologists, it can help to enrich practice and improve service provision.

1. LIVED EXPERIENCE OF MENTAL HEALTH DIFFICULTIES IS COMMON

People in the clinical psychology profession can experience mental health difficulties at any (or all) stages of their career. For some, lived experience has been a direct motivator for pursuing a career as a clinical psychologist in order to help others and improve services. Others may develop mental health difficulties after entering the profession, in response to challenges in life that can affect any of us.

2. LIVED EXPERIENCE OF MENTAL HEALTH DIFFICULTIES IS DIVERSE

This position statement takes a broad and inclusive definition of mental health difficulties. The difficulties that people may be facing or have faced range from distinct periods of distress to experiencing longer term or fluctuating conditions. The support that people may have accessed includes personal therapy, secondary care mental health services and inpatient hospital admissions. These difficulties may or may not necessitate reasonable adjustments at work or time off from work or training.

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3. DECISION MAKING ABOUT SHARING MENTAL HEALTH DIFFICULTIES IS COMPLEX

Individuals often face a range of dilemmas and choices when making the decision whether to share their experiences. Concerns may include stigma (including internalised stigma), career disadvantage and discrimination among others. For many, sharing is a personal decision with a set of options and choices to be made about to whom, where, when and at what level of detail to share. However, others may be in a position where they do not have this choice and are required to disclose to employers. In the latter case, it is vital that individuals are supported and that operational procedures are helpful and transparent.

4. DESTIGMATISING LIVED EXPERIENCE AND ADDRESSING DISCRIMINATION IS A WHOLE-SYSTEM RESPONSIBILITY

Many employers and universities have psychologically informed systems in place to create environments that feel supportive and safe for individuals to share lived experience should they wish to, or need to. However, the number of individuals across the profession recounting problematic, discriminatory and stigmatising responses from both employers and colleagues is unfortunately high. This is unacceptable. Significant change is needed before individuals are able to feel confident in receiving normalising, compassionate and accepting responses, as opposed to those that are dismissive, denying, attacking, 'othering' or marginalising. Destigmatising lived experience and addressing any discrimination, is a whole-systems responsibility for people at all levels of the profession and across professional bodies, organisations, training institutions and services.

Individuals have spoken about the fear that sharing any lived experience would in all instances result in fitness to practice procedures. Stigma has influenced this narrative to conflate lived experience with incompetency and leading to great distress and concern. Compassionate environments enable early conversations if someone is seeking support for mental health difficulties. Recognising the need to take time off from work or training to get help for mental health difficulties is in fact competency-in-action. Considering altering or stopping one's practice if experiencing mental health difficulties over the career-span is part of dynamic and responsive good practice for all members of the profession. We actively encourage opening conversations to destigmatise this further. Destigmatising can only be achieved when wider systems such as supervision, management, occupational health and human resources are involved, and work collaboratively to empower individuals seeking support to ensure they feel understood and have their needs compassionately met.

5. LIVED EXPERIENCE IS AN ASSET

Overall, this statement wishes to make clear that lived experience of mental health difficulties does not have to be a barrier to training or practising as a clinical psychologist. On the contrary, people with lived experience are an asset to the profession and make a significant contribution to it.

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This Position Paper was developed by a Working Group with additional comments and contributions from others. We wish to thank everyone who has been involved for their contributions.

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