

# My psychotherapy career: Establishing a career in NHS diabetes care

With Jackie Fosbury

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 Helen 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, Helen speaks to UKCP psychotherapist Jackie Fosbury to find out about her work in NHS diabetes care. Jackie has been working psychotherapeutically in the NHS with people with diabetes for over 30 years. She has contributed to publications and lectures in the psychological aspect of diabetes, and their psychological complications. Helen seeks to find out about Jackie's work within NHS diabetes care, and how she found herself working in this setting.

Helen:

So welcome, Jackie. It's great to speak to you today. Our first question, so how did you find yourself working in the NHS and in that setting?

Jackie:

Well, we're going back quite a few years now, about 25 to 30 years. I was working for a local authority in London as a social worker, but in a health setting, so as a medical social worker. And in that London teaching hospital, I undertook psychotherapy training in the Department of Psychiatry, as it was then. And it seemed to be a natural transition to sort of keeping within the NHS. It was really the start of NHS psychotherapy jobs around that time. Because before that, I mean, we're going back sort of again, you know, 25 years, slightly plus ago, if somebody had a psychological problem, whether it's depression, or anxiety, or whatever it was, they would be sent to a psychiatrist. And these new psychotherapy positions were being created, where the value of the talking cure was seen to be, you know, important. You know, I was offered a research post in the NHS to research psychotherapy, and subsequently, a psychotherapy position opened up to me. And I've, you know, remained in the NHS more or less ever since.

Helen:

What did that research involve, then? And do you still use some of that in your work now?

Jackie:

It was a huge piece of research. And because I worked in a teaching hospital, it was fairly easy to undertake, because it was a sort of research centre as well. But it was a randomised control trial, and it compared the effect of psychotherapy, cognitive analytic therapy, and intensive diabetes nurse education on patients who had diabetes, who were in poor glycaemic control. So, we measured by chemical endpoints to look at the value of therapy, basically. Like all research, there's no such thing as a pure design, but it was a good pilot. And because of the results, very unusually, a physical health department, which was the department at the diabetes centre, employed me as a psychotherapist. So that's how I really remained within the NHS.

Helen:

You've introduced there that you work in diabetes care within the NHS, and you're still doing that now. And what drew you to that setting?

Jackie:

Well, it was a bit of an accident at first. You know, when I was the medical social worker in London, all medical social workers, we were allocated to certain wards, you know, it could be oncology or dermatology or elderly medicine. And I was allocated, what was called then the diabetic ward. It's no longer a ward, it's huge outpatient department. And I suppose I became increasingly interested in the patients, what their stories were, what their experience of diabetes was. I only see adults, but whether they were diagnosed in childhood, and the impact their diabetes had on them growing up, you know, stigma, the development of depression, or diabetes, burnout, why they might overdose on insulin, for example. I was taught a lot about diabetes from the patients, not from the staff working on the ward as it was then. And I just became increasingly fascinating. Then, of course, I learned a lot about the sort of technicalities of diabetes and how to treat it along the way. But I also felt like I was making a different contribution to the understanding amongst the multidisciplinary diabetes team of psychological issues in people with diabetes. So, you know, those two things really have kept me going over the years.

Helen:

I think that's a really interesting side of things as well. Working with diabetes, how do you find that, working in that multidisciplinary team?

Jackie:

Well, I love it. And it's very enriching to work with other disciplines. I work with nurses, doctors, dieticians, podiatrists, and I love to listen to their contribution to patient care. And I still think, although it's acknowledged in the diabetes world that, you know, over a third of our patients will have sort of psychological issues which affect their ability to manage their condition, I still think that they perceive me and the little team I manage as having a sort of really important contribution to make around somebody's mental health. But of course, that directly translates into their physical health care. And I enjoy learning from them, you know, what are they doing with people. So multidisciplinary working, I really enjoy.

Helen:

And it's the back and forth, isn't it? That one affects the other equally, and there's different effects, like you say, the mental effects the physical and vice versa.

Jackie:

Yes, I mean, one of our aims, I suppose, working psychotherapeutically with people with diabetes is obviously to improve their emotional psychological health, but that will then bring their blood sugar levels down, which then improves their physical health, which is just very interesting.

Helen:

And what advice would you give to someone who's looking to work psychotherapeutically in the NHS? That might not necessarily be with diabetes, or with people who were suffering from different illnesses or disorders, but just generally, really.

Jackie

Yeah, I think there's two components to it. And it's the sort of thing that people sort of don't realise. There are two types of NHS Trust. There will be mental health trusts generally, and physical health trusts. Although some

community NHS trusts combine the two. So, if you work psychotherapeutically in the NHS and you work for a mental health trust, the good news is that you're amongst your own people. So, the discourse is mainly the same, although there can be factions. So, with the rise of IAPT, you know, people would see CBT as the most important therapy that could be offered, and it was NICE recommended. That hierarchy really wasn't very helpful working in those NHS trusts. But if you work in a physical health NHS trust, you know, you'll be doing all these lovely things like multidisciplinary working, and your contribution to patient care is really valued. You may, you will definitely find yourself having to explain the psychological a lot, ie why are we seeing somebody for an hour and a half in assessment? Why is the same patient booked in every week for an hour? Why do we have a bit of recovery time after we've seen somebody who's been sexually abused, for example? And then we write up our notes. And then we put our notes on System One, which is the NHS health record system. You know, ie why can't we see patients in, you know, the sheer numbers that the nurses and doctors have seen them? So even now, I can feel, and my colleagues, I belong to a network called generally psychologists in diabetes, you know, we can feel that we're underperforming when we're compared to our physical health colleagues. So, there's two different positions when you're working psychotherapeutically in the NHS. You know, one is the mental health trust issues, and the other is the physical health trust issues. And that's always worth bearing in mind.

Helen:

Why did you become a psychotherapist?

Jackie:

I was working more psychologically as a social worker, you know, as this medical social worker, and went into the diabetes world. So, I was working more psychologically and that was being seen as increasingly more valuable and helpful, not just to the patients but to the service because as we were working psychotherapeutically it stopped patients from, say, overdosing on insulin and being admitted to hospital, so that's expensive. And CAT, cognitive analytic therapy, was in its infancy at Guy's and St Thomas's where I was working. Anthony Ryle, who developed the model, was there really taking on people like myself, rookies like myself: social workers, occupational therapists, physiotherapists. And he was trying to train them in this new model of working psychotherapeutically. And the more patients I took on, and we would be taking them on from the waiting list in the department of psychiatry, the more patients I saw, the more I've supervised, the more I understood the model, the more I wanted to know. So, I sort of underwent, you know, more formal as it was then, it's changed considerably over the last 25 years, but more formal cognitive analytic therapy training. So, I could have remained, in a way, as a social worker doing sort of counselling work on the wards, but I wanted to take the work further.

Helen:

And did you carry on doing your social work whilst you're a training as well?

Jackie:

Initially, yes. We were very lucky to be released to do this work, because of course, it enriched our social work skills, and it helped reduce the waiting lists of people waiting for psychiatrists, ie they would be seeing us as trainees. I kept on my social work position for about two years, and then really went into full-time training.

Helen:

When you completed your training, did you go back in with where you started before?

Jackie:

Yeah, well, it was sort of piggybacking my research post, which was the randomised control trial. Then I remained in the diabetes centre and St Thomas's for a number of years, and then I moved house and I went back and had a child and supervised the other two psychotherapists we recruited into the service. And then I've worked in a number of diabetes centres since then. And now we're in a newly, quite newly commissioned diabetes service. So, I've always worked in diabetes psychotherapeutically.

Helen:

Do you think that is something you'll continue to always do?

Jackie:

Well, not much longer, because I'm old and I've done it for a long time. I do quite a lot of lecturing for diabetes organisations, training organisations on the psychological aspects of diabetes and psychotherapy. Even when I retire, I will continue to do that work.

Helen:

And what does being a UKCP member mean to you?

Jackie:

I think UKCP enables us to speak with one voice, even if our training comes from different parts of UKCP. So, obviously, I'm in the humanistic integrated section. So, I think it's a sort of Kitemark of, you know, good quality training and standards. But for me at the moment, I think UKCP in particular is working to change the policy of recruitment and advertising in the NHS. And I think that's going to be a major benefit for UKCP members, because for a number of years, NHS psychological jobs have said you have to be BACP or BPS accredited, which has created bias. And I think UKCP's policy work is absolutely crucial at the moment. So, we know the NHS has been pretty awash with CBT professionals as the only recommended treatment for a number of years and that, with UKCP's work will begin to change.

Helen:

Yeah, we're definitely seeing those changes. And we're starting to make those inroads and really...

Jackie:

Yeah, it's key. It's absolutely key. And I think your UKCPs had quite a few battles to do that. Because you've been working, in a way, against a national programme, which was the IAPT programme. But yeah, I think that's a major support to members now.

Helen:

And reflecting back now, is there anything you wish you knew before you entered psychotherapeutic training?

Jackie:

I think for some of my colleagues who, when we all started to train together, I know that some of them thought that they would be able to get, you know, NHS jobs, for example. And they were few and far between. So, they have spent a number of years in private practice and have felt alone and isolated, which is, you know, quite upsetting. But I think that sort of problem really applied to a number of years ago, I think now it will be increasingly easier, to get psychotherapy, counselling, psychotherapy positions within a wider field, not just the NHS.

Helen:

Yeah, it's good to know. And when you say about all those different opportunities, you know, that's the role of this podcast as well. We're speaking to members in all sorts of different settings and how they've moved from maybe one setting to another. Either private practice, or in third sector, or the NHS, so really about opening up those conversations to be able to let people know what opportunities there might be for them.

Jackie:

Yes, I think people don't realise when you train as a UKCP accredited therapist that, you know, the forces are recognising the value of having counsellors and psychotherapists within their HR services. Because they want to retain staff, you know, the police advertise for psychotherapists to work with them that, you know, staff will suffer from burnout. They want to retain staff, they want to stop their staff being off sick, long-term with mental problems. So, you know, we've been focusing a lot on NHS jobs. But training as a psychotherapist opens up a lot of doors into a very, very interesting work, with very interesting groups of people.

Helen:

And just kind of on that as well, what advice would you give to someone considering training as a psychotherapist or a psychotherapeutic counsellor?

Jackie:

As I said, I think UKCP is really a hallmark of quality, I'm not here to sort of, you know, I'm not being paid by UKCP to say that. But I think that if you look at the training, and the courses, and the colleges that are under the UKCP umbrella, that's where you would find really what you'd like to do. And when I look at the website, you can sort of tease out the approach that would suit you. So, you might want to do compassion focus work, maybe more suited to you, or work with children and families, family therapy, or you may feel more spiritually inclined and lean towards an existential psychosynthesis. The advice is, do your homework, think about what you're interested in. And if you're in doubt, you know, make sure you've done your homework on courses and training, costs and things. Cost is very important. But if you get stuck, I would contact UKCP and say, you know, this is what you're interested in and ask for advice and guidance.

Helen

Yeah, and you mentioned the website, and that's a great source. So, we've added a lot more information about the courses available, and psychotherapeutic approaches, and what that means, and what training covers. And what that involves, yeah, you know, the hours that you put in and the psychotherapy that you undergo as part of that training as well, which is a really big part of UKCP accreditation and what makes our psychotherapists, you know, really great.

Jackie

Yeah, really, really competent, and able, if you've gone through the UKCP process. I think also the website, because you give so much detail on the various trainings, you start to build up an idea of, you know, how much things are going to cost you. And you may get seconded from your work for part of those costs. Years ago, you used to just have to do it yourself basically and investigate different courses yourself and compare and contrast them. And really your website does it for you.

Helen:  
Thank you very much.

Jackie:  
You're welcome.

Helen:  
And how did training as a psychotherapist change you?

Jackie:  
Well, it's a bit sort of paradoxical really. I think it made me more sensitive to human suffering. But it made me more resilient, working with the distress and pain of others and in particular, of course, my line of work, you know, self-destructive, neglectful tendencies. And, you know, I think training, you know, a lot more about yourself and you see the bigger picture, in teams, in organisations, in your own family. But I think that psychotherapy training, I think you've made me feel like I'm a value to the community and my job is of value and that me feel just much better about myself.

Jenna:  
That was UKCP psychotherapist Jackie Fosbury 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](http://www.psychotherapy.org.uk/psychotherapy-training). All episodes of My Psychotherapy Career are available on our website [psychotherapy.org.uk](http://psychotherapy.org.uk). You can also subscribe to our channel, UKCP on your favourite streaming platform. Do you have 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](mailto:communications@ukcp.org.uk). Join us again next month. Till then, thank you for listening and take good care of yourselves.