

When the tides are right

Jane Hetherington divides her working week between an EAP in London with contracts in the UK and abroad and an agency in Ramsgate where she works with clients affected by substance misuse. She lives 200 yards from the sea

*Interview by John Daniel
Photograph by Phil Sayer*

I wake early and have a think about the day ahead and write a list of anything I might forget. I turn on Radio 4 about 6am, slap on some coffee, and have breakfast, which might be leftovers from the night before or, if I'm feeling healthy, porridge or muesli.

I live in Ramsgate and work three days a week in London and two in Kent. From Mondays to Wednesdays I work as a clinical manager for CiC, an employee assistance provider (EAP) in Kensington. I stay up in London with friends on Monday and Tuesday nights and carry my life around in the boot of my car. On Thursdays and Fridays I work as a clinical supervisor for KCA which provides specialist care to people affected by drug, alcohol and mental health issues across Kent, Surrey and London.

On a Monday I leave at 5.30am to get to the office at about 8am. I joined CiC one year ago at an exciting time, as we have a range of new contracts with which I'm very involved. CiC works with companies both in the UK and overseas. I specialise in the international portfolio, which includes some NGOs and news agencies that employ people who work in very troubled parts of the world, such as Bosnia, Afghanistan, and the Democratic Republic of the Congo.

First thing on a Monday I'll have a meeting with the team to update on clinical issues and to discuss our individual contractual responsibilities and areas of expertise – in my instance operational issues principally relating to my contracts, the international portfolio, mental health, wellbeing interviews and substance misuse.

We manage 800 affiliate counsellors in the UK as well as a range of psychotherapists, clinical psychologists,

and psychiatrists globally. If somebody is experiencing post-traumatic stress disorder (PTSD) symptoms in say Zimbabwe or the Democratic Republic of the Congo, it's nigh on impossible they can access treatment there. So I might set up provision in South Africa, as many organisations that work in Africa send their staff for rest and relaxation there. We have a team of specialists in countries across the globe where NGO staff or foreign correspondents go to recuperate and recharge their batteries.

In the morning I'll respond to queries from clinicians – there will be the normal clinical queries in relation to risk or contract compliance. CiC has always emphasised the importance of case management and discussion, and we are very supportive of our affiliate counsellors and get to know them well. I enjoy the clinical aspect of my work and the interaction.

I also set up and develop services for various agencies. CiC has some specialised contracts to provide pre- and post-treatment substance misuse services. This is an area of specific interest for me as prior to joining CiC, I worked full time for nine years in the field of primary healthcare psychological therapy provision and substance misuse with KCA. I still work for KCA as a clinical supervisor. I enjoy the split in my week between the operational and developmental aspects of my role as clinical manager for CiC and the clinical emphasis of the work with issues that arise with KCA's adult service Psycho-Social Intervention workers in Kent. I also provide two monthly supervision groups for substance misuse workers for Blenheim CPD's projects in Portobello and Battersea. My own personal history encouraged me to work in the substance misuse field and I still find the dilemmas interesting. One hears the cliché 'just say no' to drugs;





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if it were that easy we wouldn't have the tremendous social ramifications we have in the UK around substance misuse. I've worked in Kent where within families there are often three generations of substance misuse and often biological, psychological and social components to the problem.

Managing absence is an important issue for EAPs. Millions of days are lost through absence and poor performance as a result of substance misuse and quite often that's alcohol related. You need to ask people how much they are drinking on average, especially if they are experiencing anxiety and depression because individuals often self medicate. People don't know what a unit of alcohol is and the Government guidelines require explanation. You presume that the general public are educated on these subjects but actually they're not.

At lunchtime I try and go out because Kensington is such a lovely place to walk and live. I normally get a salad from Marks and Spencer's or bring something with me from home. I sometimes go out with my colleagues. I might spend the afternoon visiting our companies or planning new services, such as our specialised mental health services for clients who have long-term anxiety, depression or other mental health related issues and who need more support than the five or six sessions that EAPs normally offer. I will write proposals for innovative new schemes and trainings in the workplace.

I enjoy designing services for minority groups with specialised needs or putting in place support in remote parts of the world at CiC. I also enjoy this aspect of work at KCA where services are provided for clients for whom marginalisation or discrimination may be an issue: refugees,

substance misusing parents, and clients with complex and chaotic presentations. KCA clients can be very socially deprived and have often experienced sexual, or physical abuse and emotional neglect; they may have been in care and not known 'good enough' parenting.

I normally finish work about 6pm and then see clients at my private practice in Covent Garden. My London days are incredibly busy but I try to go to the cinema or theatre with friends at least once a week. My days in Kent are less pressured, and normally when I finish work, if the tides are right, I go for a swim in the sea. I live 200 yards from the sea and I like everything to do with the water. I do a lot of sailing at weekends.

I'm also in the middle of my Doctorate at Metanoia. My research is on CORE (Clinical Outcomes for Routine Evaluation), which I've been involved in for about five years. CORE is important because it is a pan theoretical tool that provides evidence of the efficacy of the full range of therapeutic interventions and proves that it's the practitioner and the therapeutic alliance that is important in the work. I feel this is particularly pertinent in view of the domination in the IAPT agenda and NICE guidelines of CBT to the exclusion of a wide range of effective approaches. RCTs are not the only research measure!

I like to get to bed by midnight and listen to Radio 4 or the World Service whilst I'm reading. I've just finished *The Smoking Diaries* by Simon Gray, who was my tutor at university. Occasionally worries about work keep me awake at night. Did I do that correctly? Could I have done something more? Counsellors say to me that when they leave work their clients are completely out of their thoughts – they aren't always with me. ■