# The Lived Experience of Psychologists Working in Mental Health Services:

# An Exhausting and Exasperating Journey.

## Abstract

What are the implications for psychologists working in the public mental health services? Does this environment bring along different challenges when compared to their colleagues working in other settings? How do they cope? Using Interpretative Phenomenological Analysis, this study explored the meaning psychologists give to their work with their clients and also looked at how they experience working in their teams within the context of the mental health services in Malta. Semi-structured in-depth interviews were conducted with seven registered psychologists who had worked in the Maltese mental health services for at least two years. Common themes across participants included: client-work as a source of satisfaction and a source of stress; the psychologist in the context of the multidisciplinary team; and focus on the self. The quality of the participants' work experience was found to be shaped by the larger context of their work setting. Participants' negative emotions arising from the system were perceived to be more distressing than those arising from client-work. Issues of powerlessness, lack of control and divergent values were identified as the main modulators of this experience and were seen to contribute to distress and reduced job engagement. Personal coping strategies were used as a means to survive in this demanding work place. Implications and recommendations in relation to working with this client-group and also working within a medical model system are highlighted.


## Public Significance Statement

This study advances knowledge about issues faced by psychologists working in multi-disciplinary teams in public mental health settings. Although working in such services was seen to bring satisfaction to psychologists, it also brought about negative distressing emotions which

seem to be linked more to the system than to the client-work itself. The importance of personal coping strategies emerged as a means of survival.

Keywords: psychologists, burnout, mental health services, coping strategies, Interpretative Phenomenological Analysis

# The Lived Experience of Psychologists Working in Mental Health Services: An Exhausting and Exasperating Journey

The work of the mental health professional in general has often been linked to burnout and distress (eg. Lasalvia et al., 2009; Onyett, Pillinger & Muijen, 1997; Paris & Hoge, 2010) with Bearse, McMinn, Seegovin and Free (2013) finding that psychologists frequently reported stress responses linked to countertransference, vicarious traumatization, personal losses, problems with collecting fees when working in private practice and conflicts with co-workers. Regrettably, it would seem that psychologists and other mental health workers find it difficult to strike a balance between caring for their clients and caring for themselves despite the literature around the importance of self-care (Dattilio, 2015).

In response to this, there is a growing body of work that suggests ways in which psychologists can ameliorate against burnout and distress. These include a principle-based model developed by Norcross and Guy (2007) explicitly for psychologists which incorporates mindfulness, spirituality, physical wellness and positive psychology. In addition, Walsh (2011) challenges mental health professionals to think beyond the medical model and move towards therapeutic life-style changes (TLCs). Whilst Walsh focuses on eight major TLC's that mental health professionals can utilize in order to bring about changes in the mental health of their patients, Wise, Hersh and Gibson (2012) suggest that the principles of TLCs can be applied to psychologists with a challenge to practice what they preach. They go on to describe a Mindfulness-Based Positive Principles and Practices (MPPPs) model that they suggest could "provide a broad and flexible blueprint for how psychologists can most effectively, realistically, and sustainably incorporate self-care strategies and techniques" (p.489) into their lives.

With issues around the challenges and possible solutions facing psychologists in mind, specific literature on the lived experience of psychologists working in public mental health services (MHS) is lacking with Rupert, Miller, and Dorociak (2015) suggesting in their review on burnout studies in psychologists that, 'it is difficult to draw conclusions relevant to all 'psychologists' and more research that looks specifically at the unique issues and challenges faced by diverse groups of psychologists is needed' (p.172). This research is deemed to be particularly important for psychologists working in MHS as they are working with clients suffering from severe mental illness and within a multidisciplinary team (MDT) which is often led by a consultant psychiatrist leading to a dominance of the medical model (MM) (Deacon, 2013; Rohleder, 2012). This can raise challenges for psychologists as although the idea behind the MDT is to promote multi-systemic thinking about the client and being aware and respectful of the contributions of other professions (King, Lloyd, & Meehan, 2007), it is unclear whether this is always so in practice.

In Malta, although the Mental Health Act (2012) emphasizes the role of the MDT, it also emphasizes the 'expert role' of the psychiatrist, which is congruent with the MM. This uneven distribution of power is often seen to make one profession more equal than others and has consequences both for the psychologist and the mental health service user (Sidley, 2015).

Although the literature seems to acknowledge that psychologists working in public MHS might be suffering more consequences through their work than those working in other settings, specific research is still lacking. This study attempted to explore some specific issues encountered by these psychologists such as working with this specific set of clients and working in a multidisciplinary team where the leading treatment philosophy is based on a MM. Another aim was to explore how they cope and what could help them to cope better in such environments

in order to add to the existing literature around coping strategies for psychologists. It is anticipated that the findings of this study can be applied to those working both within MHS dominated by the MM and in wider psychology settings in that the issues raised may be common to all psychologists, particularly in relation to their perceived sense of self and the importance of relationships with clients and colleagues.

## The Study

This qualitative study used Interpretative Phenomenological Analysis (IPA; Smith & Osborne, 2008) to investigate the lived experience of psychologists working in the MHS in Malta. Qualitative methodologies are deemed to be better suited for understanding processes and experience (Thompson & Harper, 2012) and allow a more exploratory approach which would increase the depth of knowledge about this topic, where research is still lacking. IPA′s main focus is to study the significance of the individual′s lived experience in context (Smith, Flowers, & Larkin, 2009). IPA is rooted in phenomenology in that it allows for a focus on perception (in this case, of the working environment) whilst also aligning to the hermeneutic tradition in which the participants make sense of their experience. Meaning is constructed through the participant's interpretation of their experience and the researcher's understanding and interpretation of this data.

Due to the double hermeneutic in IPA, interpretation implicates the researcher in that it also relies on their own background and perceptions. Although one′s preconceptions are acknowledged, some may only become evident through trying to make sense of the data (Smith, 2007). Since the first researcher is also a psychologist who works closely with the participants in real life, a reflexive attitude was employed throughout the research process, where emerging

reflections were discussed with the second researcher in an effort to limit personal bias and influence on the research process.

Seven participants, four females and three males were recruited by the first researcher from the public MHS in Malta employing purposive sampling. This represented seventy percent of the psychologists working in the public MHS at the time the study was carried out and that satisfied the inclusion criteria. MHS ethical approval for the study was obtained from the Research Ethics Committee of the School of Social Sciences and Law, Teesside and from the Maltese MHS Clinical Director. All participants were full time employees, registered psychologists with the Malta Psychology Profession Board and had worked in the MHS for at least two years, so as to ensure immersion in the system. Managing psychologists were excluded from the study in order to avoid possible role conflict.

The research sample consisted of both male and female Maltese psychologists with service experience of between two to ten years. Both genders were well represented in the sample and their ages ranged from mid thirties to mid fifties. Participants were all assigned gender neutral pseudonyms in excerpts in an effort to further protect their anonymity. This was possible as the analysis showed no differences between the genders, in the themes that emerged.

Further information about the sample will be restricted as it would identify the participants and compromise their anonymity, due to the small size of both the island and the service. Although Malta's MHS might be unique due to its small size and cultural differences, it also shares commonalities with other mental health systems abroad where psychologists work in MDTs which are led by consultant psychiatrists, who still seem to be influenced by the MM.

Semi-structured interviews were conducted in line with common practice in IPA (Reid et al., 2005) and were held in English with the participants' consent. This eliminated problems of

meaning being lost in translation and was possible as participants were bilingual. The questions for the interview schedule (see Appendix) were developed from the research questions, the existing literature and the first researcher's experience in the MHS. Interviews lasted between 40 and 60 minutes with an average of 45 minutes and were digitally recorded and transcribed by the first researcher.

Data was analyzed in line with guidelines given by Smith et al. (2009) which allows for the researcher to employ both an analytic and interpretative methodological stance. Each transcript was analyzed individually. This involved first analyzing every sentence and making initial annotations. Themes emerged from these initial notes that were at a more conceptual level. Sub-themes were then developed from patterns and connections found in the emergent themes. This individual case analysis was repeated with all the transcripts. Participant validation of themes was then undertaken in order to eliminate researcher bias. Finally sub-themes were clustered into main themes by looking for connections and patterns across all participants.

## Results

The following main themes emerged: *Client-work as a source of satisfaction and a source of stress; The psychologist in the context of the multidisciplinary team; Focus on the self; Other systemic problems*. For the purpose of this paper, consideration will be given to the first three main themes and their sub-themes (see Table1) as the latter is more related to issues emerging from the local context and might not be relevant to a wider audience.

Table1

*Main Themes and Sub-Themes*

| Main Themes | Sub-Themes |
|---|---|
| Client-work as a source of satisfaction and a source of stress | Experiential rewards & learning experiences from client-work |
| | Negative emotions arising from client-work |
| | Effects on the psychologist's self |
| | Preparedness to work with severe pathology |
| The psychologist in the context of the multidisciplinary team | The dominance of the MM & psychiatrists in the MHS |
| | Unacknowledged and powerless profession |
| | Some hopeful relationships in the MDT |
| Focus on the self | Motivational journey |
| | Self care and coping strategies |

**Client-work as a Source of Satisfaction and a Source of Stress**

Therapeutic work with clients, which is the core of these psychologists' work, was seen by all psychologists to be the main source of satisfaction in this setting. This came from seeing improvements in therapy, feeling appreciated by clients and also from perceiving work as a learning experience due to the exposure to such diverse mental illness. Sam explained how these rewards somewhat offset the pain that working in this environment brings to them:

> I think every single person whose quality of life improves ... I think that's probably by itself the biggest reward you can get. Admittedly it doesn't happen every time but when it does happen I think it kind of does make up for some of the sadness we experience through our job.

All participants also experienced negative emotions arising from their work with patients. Most found it challenging, frustrating and exhausting due to the type of pathology being dealt with, and at times, led them to feel ineffective in their work. A number of participants (57%) also mentioned patient suicide as bringing about a number of professional dilemmas where they questioned their work and decisions. Nicky stated: "Working with suicidal patients, severe depression, schizophrenia, even the quality, the progress is challenging because ... the chances of seeing quicker improvement is very rare so that leaves a toll on the therapist or the psychologist".

Working with so much negativity and patient pathology seemed to also have an effect on participants' personal lives. Some were left with negative emotional residue and others managed to transform the negativity into an enriching experience through much processing and reflection. A number of participants (57%) also found that it changed them as persons. Alex described how this was for them:

> I've had some very, very difficult clients who've brought me face to face with my anxieties, with my fears … at the end of the day I need to take that back and process it … It has changed the way I look at the world. It has changed the way I look at myself.

The quality of the experience with clients was also found to be related to their preparation and training as psychologists to work with severe pathology. Most (86%) reflected that they were not trained to work with the severity and complexity of cases that they had to work with. Pat shared this common experience:

> I think most of us are not trained from the beginning to work with such clients. I think such clients are the hardest clients ... at the beginning, my God, I was so fresh and so

> fragile in my work ... you have to be careful when you throw people out there … I suffered a lot from that.

**The Psychologist in the Context of the Multi-disciplinary Team**

The MDT which is led by a consultant psychiatrist is the main context within which these psychologists work. Although this is made up of different professionals, participants placed most emphasis on the relationship with the leader of this team, as it gave rise to a number of professional issues and negative emotions. These issues were also linked to the basis of the overall treatment approach in the MHS.

Although changes in the Maltese Mental Health Act promote a more biopsychosocial approach, participants perceived that the MM still dominates the MHS. This was due to the MDT hierarchy, where participants felt that there was an implied acceptance that the psychiatrist was the most important professional, and to how decisions were taken not only regarding patients but also in the overall MHS management, as explained by Sam, “I think many decisions that are taken, we're talking about management, administration and even clinical decisions, seem to reflect more of a medically informed approach rather than a multidisciplinary approach”.

Participants reported a number of issues resulting from working in an environment with divergent values or oppositional views to those congruent with their professional beliefs. They felt that the current treatment modality being used disempowered clients and did not encourage them to take responsibility for their own treatment and thus also interfered with their work as psychologists. They also felt that the focus is on the treatment of the patient’s symptoms rather than looking at the person as a whole. Participants perceived that the role of psychological treatment in the MHS is of diminished value and importance as it is just seen as an adjunct to the main medical treatment.

These issues together with the context of the power dynamics in the MDT, at times, also gave rise to feelings of powerlessness and helplessness in the participants. Some (71%) expressed their frustration at not feeling trusted, valued and acknowledged as valid and knowledgeable professionals who can take their own decisions about their work with clients. Charlie expressed the isolation they felt in working in a team where they had no control over decisions taken and where they felt treated less than the medical professionals:

> I feel as if I'm working alone, in the sense that there is no teamwork ... when it comes to the doctors and the consultants, it's quite difficult. I think that most of them perceive you as being a bit inferior. We're the psychologists, we are kind of inferior and they take on decisions. They're the ones who decide.

Besides feeling helpless and irrelevant in such a system, for most (86%), like Nicky, the lack of involvement resulted in demotivation. Nicky stated that "you tend to lose interest. Sometimes decisions are taken and you're not involved even though there's a mental health act and the therapy has to be done together but it's not always the case".

On a more positive note, some participants (57%) were hopeful that things could change as they recognized a difference in attitude with some members of the medical profession, especially the newer ones. Nicky related this to the training that they were now receiving which involved more psychological input:

> You can speak to them ... they are very available, you can phone them, you can email them … So with the younger doctors ... there is more hope even the fact that they are being given more input about therapy, about psychology. Maybe they're more open to what we say.

**Focus on the Self**

In an effort to understand these participants' experience as a whole, this theme focused on the participants' self and their journey in the MHS. For most participants (86%), this journey started with much enthusiasm, motivation and initial positive feelings. With time these feelings started to change and for some demotivation started setting in. Results show that psychologists attributed this change more to issues arising from the system, rather than client-work.

Some of the participants (43%) even decided to leave the public service by the end of the study and they attributed this to factors such as not being involved in decision making, not feeling valued as a professional, divergence with the medical treatment ideology and other systemic factors mentioned earlier. Dissatisfaction and apathy slowly set in after a number of years of enduring negativity and helplessness. For Elliott, the decision to leave came when they realized that their needs and expectations as a psychologist were not being met:

> I felt that I wasn't valued as a professional. My work wasn't being seen and valued for what it was ... so when I started to experience this, I said: "This is not why I became a psychologist, this is not exactly how I wanted to work!" ... I was not trusted and that was my major issue with this.

For Frankie, it was also the perceived problems in the system that led them to take the decision to leave. They stated that "it wasn't the patients that made me leave. I think it was the system that made me leave ... I was not getting enough support".

Participants used different self care and coping strategies to try to survive this environment. Some participants (43%), like Sam, focused on client-work and used it as a resource to stay motivated or to help keep themselves together:

> I find myself today hanging on to my client-work to keep me motivated because it's the system that sometimes feels like an obstacle to my work and the only way I can keep myself motivated is by remembering that this is about the client.

In Charlie's case, they tried to focus exclusively on client-work as a way to try to recover from their burnout:

> So I've realized these last few months that I was burnt out so, I said I have to take more care of myself which means just go to work, see the clients I have to see and that's it ... Not putting in as much energy and effort.

Most participants (86%) also emphasized self-awareness as a way to take care of themselves and survive in this negative environment. They sought this in different ways and included personal therapy, further education and outside supervision. They emphasized the need for continuous self-development, being in touch with oneself and dealing with transference issues that crop up whilst working in this system.

Support from colleagues in the Psychology Department, although not always possible, was also seen as important. This seemed to make up for the lack of belonging and support in the MDT as Charlie remarked:

> I find a lot of support in my colleagues. So if there isn't anything, if there is no multi-disciplinary team within the actual team of the consultant, at least I have to say that I have a good circle of support within my own team and with other psychologists and assistants in other teams, so that keeps me going.

A number of participants (57%) felt the need to be accepted and be part of a community that shared similar values at the workplace.

## Discussion

The results suggest that these participants experienced their work in the public MHS as both a painful and rewarding journey that involved a number of emotional changes that affected their motivation and attitudes. Initial passion and enthusiasm for work, whilst retained to some extent in relation to their client work and relationships within the MDT, changed into feelings of demotivation and apathy and for some resulted in a decision to leave. On the other hand, this work also fostered, in some participants, the need to employ self-care strategies to cope with their work environment. Working with this client group, but mostly working in a system with divergent values affected how these participants made meaning of their experience at the MHS. This might explain why research studies (eg. Ackerley, Burnell, Holder & Kurdek, 1988; Rupert & Morgan, 2005; Senter, Morgan, Serna-McDonald & Bewley, 2010) have indicated that psychologists working in the public sector and especially in MHS experience more distress than those working in other settings.

### Implications for Psychologists Working with MHS Clients

Psychologists in this setting, experienced most of their satisfaction from their therapeutic work with clients, especially when there was some positive outcome in therapy and when they felt appreciated by clients. This is consistent with other studies carried out with psychologists such as Rupert and Baird's (2004) and Onyett et al.'s (1995). Other intrinsic rewards included perceiving this work as a valid and unique learning experience due to the exposure to the vast array of mental illness. Participants gave significant value and importance to these experiences as they felt they made up for some of the less positive experiences with this client-group. This might explain one of the reasons why a number of quantitative studies (eg. Lasalvia et al., 2009;

Onyett et al., 1997) found psychologists working in mental health to be emotionally exhausted yet satisfied as a profession.

Work with this client-group, especially where severe pathology was involved, also brought about a fair amount of exhaustion, frustration and challenges for these psychologists. Stressful and negative feelings seem to arise from the nature and quality of the caseload. Minimal or slow therapeutic progress with certain cases was perceived as disheartening and exhausting. Complexity of client issues and chronicity have also been found to contribute to stress and exhaustion. (Gilham, 2014; Maslach & Jackson, 1981).

This type of setting also implies working with another source of negative emotions: patient suicide. This is often seen to be one of the most stressful experiences in the helping professions (eg. Darden & Rutter, 2011; Wurst et al., 2011). Besides the pain, distress and shame that came with losing a patient, suicide also seemed to bring about a number of professional dilemmas, where the participants questioned their work and what could have been done differently. Uncertainty about one's competence was also seen to arise from working with demanding and challenging clients (Papadomarkaki & Lewis, 2008) implying that working in such a setting may enable psychologists to experience lowered feelings of competence. These finding imply that working in such settings necessitate more support for the psychologist, and also point to the need for more overall theoretical and experiential preparation.

Although workload is often cited as one of the main factors that contributes to emotional exhaustion in the mental health professions, most studies (eg. Lasalvia et al., 2009; Rupert & Morgan, 2005) and theoretical models (eg. Leiter & Maslach, 2003) emphasize the quantity aspect. In this study, although both aspects of the caseload were mentioned, participants put more emphasis on its quality as having a larger effect on their work experience. This could be

due to the unique characteristics of working in a psychiatric service where clients with negative and challenging behavior are more prevalent than in other settings that are included in these studies. In fact, Ackerley et al.'s (1988) study also noted this difference in the type of clients between public and private sector psychologists.

**Recommendations for Psychologists Working with MHS Clients**

The therapeutic relationships with challenging and demanding clients urged some of these participants to reflect on these experiences and brought them to make sense of life in a different way, allowing them to see different perspectives, challenge their expectations and also develop personally and professionally. Keyes (2002) would describe this as moving from surviving to flourishing and advocates a positive psychology approach which could be adopted by psychologists. Self-awareness and critical evaluation seem to have been key in turning potentially stressful situations into more positive ones and making use of them to develop further as persons and as professionals. Moreover, Rupert and Kent's (2007) study on psychologists found self-awareness and self monitoring to be related to decreased emotional exhaustion. Therefore it is recommended that psychologists make more frequent use of this personal resource as it could help to change this work experience into a more meaningful and less exhausting one. This would be in line with the recommendations made by Norcross and Guy (2007) who advocate that psychologists should be able to recognize the hazards inherent in client work and address these as they arise.

Another recommendation is related to the quality of the caseload. Good management practices could help in a more varied distribution of cases between psychologists so as to make the caseload less exhausting. It also seems helpful for a limit to be set regarding the number of daily sessions and severity of client pathology seen in this type of setting. The inclusion of more

non-clinical work, such as involvement in more teaching, research and mentoring experiences can also help to make this work less exhausting and possibly reducing turnover by increasing motivation. In addition, Dattilio (2015) suggests a number of strategies for improving the mental health of professionals that include making use of positive psychology models such as Acceptance and Commitment Therapy (ACT) and mindfulness techniques.

**Implications for Psychologists Working in a Predominantly Medical Model system**

Although there is extensive literature and criticism (eg. Deacon, 2012; Rohleder, 2012; Sidley, 2015) about the implications of the emphasis on the MM in mental health services, there is a paucity of research about its impact on the experience of psychologists working within this type of setting. This neglected aspect emerged as important in this study as it was seen to have a number of repercussions on how psychologists regarded their professional status.

The medical model is often seen to naturally create a hierarchy in the psychiatric team as the psychiatrist is seen to be the one who has the most training and expertise in the mental health field and should lead the team and be the main decision maker (Craddock et al., 2008). In the Maltese context, and also in a number of other countries, this idea is also supported by the Mental Health Act, and therefore supports the idea that the medical view is over and above the other aspects or professions (Tyrer, 2013). Results are congruent with this in that participants experienced the MM as overshadowing the psychosocial aspects and thus limiting the multidisciplinary approach in the formulation and treatment of patients' problems. Participants in this study perceived the role of psychology as just being seen as an adjunct to the main medical treatment, thus having diminished value and importance. This seems to have further implications on how they experienced their contribution being perceived by others and how they feel valued as professionals by the overall system.

Decision making in the MDT led the psychologists to feel powerless, helpless and irrelevant as a profession. These feelings seem to be similar to feelings of powerlessness and ambiguity found in psychologists working in the NHS (UK) where the MM was also seen to dominate the services (Papadomarkaki & Lewis, 2008). In the current study, these feelings seem to have resulted from the lack of consultation or feeling that they were giving minimal contribution to the final decisions taken about patients.

Other implications of the decision making process used included not feeling valued and respected as professionals, as it implied that psychologists were not seen by the psychiatrist as able to take decisions about the client's treatment. These implications together with feeling left out due to general lack of communication and teamwork especially when information is withheld, also led these participants to feel isolated and unsupported in the MDT. These factors seem to have further reinforced the feelings of powerlessness and lack of control which foster much frustration and anger. Ackerley et al.'s (1988) study, which explored correlates that make work in the public sector more distressing, also shows that these psychologists experience less control and support.

Moreover the MM was also seen by participants as disempowering the mental health patients in taking control of their own recovery and fostering dependence on the professional. This seems to be in line with the current literature, where the implicit expert and authoritarian role of the psychiatrist in the MM is often seen to create a dependent sick role in the patient (eg. Russell, 2014; Tyrer, 2013) and further disempower patients who are already powerless due to their mental health problems and past experiences (Sidley, 2015). Besides the negative implications for the patient in their own medical treatment, this dependent and disempowered attitude also has implications for the psychologist's own work with clients, as they felt it was

carried forward into the therapeutic relationship. Thus it seems that this indirect influence could interfere with the dynamics and effectiveness of the therapeutic relationship, making the overall client-work experience less rewarding and satisfying.

This implies that these psychologists are working in a setting with divergent values in respect to how the patient is understood more through a set of symptoms rather than seen as a whole, which is more congruent with a psychologist's perspective. These issues seem to be in line with criticisms of the Medical Model where it is seen to be reductionist and lacking in consideration of other aspects of the person under care (eg. Cockerham, 2011; Rohleder, 2012).

**Recommendations for Psychologists Working in a Predominantly Medical Model System**

Support was seen, both in this study and in other research (eg. Papadomarkaki & Lewis, 2008; Rupert et al., 2015), to play an important role in making such work experiences less distressing. A supportive community consisting of like-minded psychologists seems critical to these professionals due to the conflict of values and isolation that they encounter whilst working in a predominantly MM system. Creating more opportunities for psychologists where they can work together towards common goals, whilst supporting each other can address some of their need to feel understood, valued and less isolated.

Another recommendation that emerged from this study is the need to take care of oneself so as to protect themselves from what was perceived as a harmful environment. Other studies on psychologists also show that self-care is an important strategy in preventing and coping with stress (eg. Malinowski, 2014; Stevanovic & Rupert, 2004). This study further supports the recommendation to use personal resources, especially self-awareness and self-monitoring as these were seen to be important for psychologists in reducing the risk of burnout (Rupert et al., 2015). It is pertinent that psychologists working in such settings maintain a certain level of self

awareness in order to stay in touch with themselves so as not to get lost in systemic issues and transference arising both in therapeutic and MDT encounters.

Personal therapy, externally sourced supervision and further education are also highly recommended. Malinowski (2014) sees these as enhancing this self-care and self-awareness. Although not often used by participants in this study, finding a healthy balance between life and work can also be helpful. Having a balanced life, where time was spent with family and doing other activities helped psychologists to gain some relaxation and escape the pressures of work (Stevanovic & Rupert, 2004). Walsh (2011) expounds the importance of therapeutic lifestyle changes (TLCs) for patients whilst also challenging psychologists to be their own "keepers" of TLCs. This approach could be extended to the MDT in order to embed good working practices in to individual and team development.

Finally it is recommended that psychologists lobby for the service to move to a truly biopsychosocial model of treatment as this would give more empowerment and respect not only to all the psychosocial professionals involved, but also result in a more holistic service to its clients. Changes need to occur at different levels including mental health services' hierarchical structures and mental health legislations. All professions involved need to be empowered to take decisions equally whilst fostering equal responsibility. Reducing the emphasis on the medical treatment and professional, whilst giving a more equal voice to others can help each professional to feel more valued and engaged in the service. This can improve employees' satisfaction and reduce turnover whilst providing a more integrated treatment perspective which would ultimately benefit the service users.

## Limitations and Concluding Comments

When drawing conclusions about any study it is important to consider its limitations. This study represented the views of a small number of psychologists working in a specific setting in Malta, who were purposively selected. This type of sampling is often seen to be sufficient in IPA due to its ideographic approach (Reid et al., 2005) where the emphasis is more on understanding a phenomenon in depth in a specific context.

Although this study might be representative of the views of psychologists in the Maltese MHS, results and conclusions might not be transferable to other settings abroad. Although IPA does not claim generalizability, Smith et al. (2009) maintain that it is possible to have "theoretical transferability" (p.51). Although the physical context might be unique to this setting, the discussion shows that there are certain similarities both in the studies and theory related to this area. Thus some aspects of this study might be transferable and offer some insights to similar settings abroad. A replication of this study can easily be carried out in public MHS abroad using a similar Interview Schedule and would also help to increase the 'generalizability' of these findings.

Although quantitative studies are not possible locally due to the small numbers, the workforce in larger countries allows for such studies to be carried out. A combination of quantitative and qualitative studies can increase knowledge in this area and attempt to derive a better understanding of the topic with more generalizable results.

In conclusion, this study has uncovered a number of issues that need serious consideration due to the impact on both professionals and the service provided. It is hoped that the findings of this research helped to fill some of the gap in knowledge about psychologists working in mental health settings and raise awareness about the profession.

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# Appendix

## Interview Schedule

1. Can you tell me about your experience of working within the Mental Health services?

   Possible prompts: how do you feel you fit as a psychologist within this structure?

2. Can you tell me about your experience of working within the multidisciplinary team?

   Possible prompts: your role within the team. Relationship with consultant, other members of the team, nurses.

3. Can you tell me about your experience of working within the Psychology Department?

   Possible prompts: past & present system, with colleagues, with superiors, with assistants.

4. Can you tell me about your experience of working with psychiatric patients whilst working in the mental health system?

   Possible prompts: how does working with these patients make you feel? Has this changed you in any way? How do you feel about these changes (if any)?

5. Think back and tell me about an experience that you had with a patient whilst working as a psychologist that really stands out in your mind.

   Would you like to add something?