

## **Well-being – from unmentionable to indispensable**

### **A personal view, from Caroline Shea QC**

The concept of well-being is everywhere. The Bar Council has conducted extensive surveys into well-being at the Bar. Every set of chambers worth its salt has developed a Well-Being Policy, notification of which appears prominently on Chambers' websites and recruitment literature. Chambers everywhere are forking out hard earned levy on well-being gurus of the moment to come and spread (CPD attracting) enlightenment.

Well-being of course is not a new concept. Before Latin was officially abolished by the civil procedure reforms (I am still bitter, not to mention non-observant), every entrant to the bar would have been brought up in the warm cultural glow of the maxim *mens sana in corpore sano*. The Romans, needless to say, pinched the idea from the Greeks. Aristotle developed his own concept of mental disorders – “mania” - which he explored most beguilingly in the Nichomachean Ethics. No doubt Egyptologists can supply their own, even earlier, and thus even more impressive, references.

But what is “well-being”? Why are we talking so much about it now? Is there something about modern life, or modern life at the Bar, which has given rise to what seems to be the universal perception that lack of well-being, mental ill-health, is on the increase? Or are we just more aware of the problems now? Is the word hyphenated? If so, are both parts capitalised?

I do not have answers to any of those questions (though my pedantry has seen me agonising about the last two), at least not evidence-based answers. I know from my own upbringing in the 1960s and 1970s that mental health problems existed, and were typically a source of shame, to be spoken of (if at all) in furtive whispers, the sufferers bringing dishonour to themselves and their families. When I was young, those mental health problems seemed principally to affect older generations – grown-ups – rather than my own cohort; whilst depression and even suicide were not unknown amongst my broader friendship group, they were rare.

Have things changed? My own anecdotal perception, gained largely through my children, their friends, and the children of my friends, is that more youngsters – by which I mean people in their teens and twenties - seem to be reporting poorer mental health than I remember afflicting my contemporaries. Whether or not the incidence has increased, and whether or not the range of mental health disorders has broadened, it seems undeniable that awareness of the issue of mental health has done both. Young adults use the phrase “mental health” routinely when describing their internal worlds, their problems, their exam results, their future plans, with a frequency and casual frankness that can feel foreign to the ears of a generation for whom such issues remained unspoken, or were revealed only to closest friends, late at night, in darkened wine bars, when hearts, minds and tongues might be loosened with synthetic assistance.

Just as my generation's embracing of cross-dressing glam-rock stars challenged our parents' values and world view, so this relatively recent openness about mental processes and vulnerabilities can present challenges to the generation brought up as I was. But, as the anthems and antics of Ziggy Stardust, no matter how much personal resistance was put up by the older generation, nonetheless ripped through the culture and changed social mores beyond recognition or retreat, so it seems to me that the younger generation's experience of and willingness to talk about mental health issues is achieving something comparable in schools,

in universities, and in workplaces. Some of us may still not feel comfortable acknowledging such things, still less talking about them, but their ubiquity cannot be ignored.

Nor should it be ignored. As anyone able to receive appropriate therapies – whether pharmacological, talking, alternative, or a combination – will testify, addressing the problems, rather than keeping them hidden, is the route to improvement, recovery, and robust mental health. My erstwhile fellow thespian Tony Slattery, with whom I had the unremittingly side-splitting privilege of acting in an uproarious production of Berkoff's *East* when we were both at Cambridge, is a topical testament to this, albeit it seems he has waited a lifetime to seek the relief he appears now to have been provided with. Further, the stigma attached to poor mental health has dealt appalling secondary blows to sufferers and their families. I write as the daughter of a father who suffered from severe bipolar disease, diagnosed but never adequately treated, with whom all contact was stopped in my early teens as he became progressively more psychotic and dangerously violent. I never told a single schoolfriend about what was happening at home, or why my father eventually disappeared from the scene (when finally divorced, my mother was at last able to obtain an injunction). Almost unbelievably, no one asked, though I later discovered that rumours had abounded.

So – can we agree that being more open about what is a frequently occurring fact of life – namely, experiencing mental health problems – can be A Good Thing? But where to take it from there? There is a danger I think in oversimplifying, or assuming one size fits all. For some, jumping off a cliff would be vastly preferable to the prospect of confessing fears and problems to colleagues). Moreover, we are barristers, not psychiatrists, or counsellors; as a species, we may even not, perhaps, be best known for having an excess of emotional intelligence. We may be aware of a friend's problems without having the faintest idea what that person can do about them, nor how – if – we ourselves can help. What then should be our role in promoting well-being, and in supporting those suffering from mental health problems?

That is where a realistic, well designed Well-Being Policy earns its place in Chambers' constitution. Firstly, it can set out ways in which good mental health can be supported generally within Chambers, in terms of working patterns, clerk-barrister relationships, shared activities, communication channels, and so on. Secondly, it can provide clear signposts to resources, from Bar Council services, to emergency mental health doctors, to medical or counselling organisations or practitioners. Thirdly, it can set boundaries around what Chambers as a whole, and its members and staff as individuals, can and cannot (and importantly should not) offer someone experiencing mental ill-health, and clarify the best route to getting the right kind of help.

Lastly – and in my view this is where the power truly, subliminally, lies – it serves to re-classify the status of mental health from unmentionable to indispensable. Chambers has policies on many aspects of our collective lives: recruitment; employment; complaints; finances; governance; equality and diversity. The fact they are the subject of formal policies, drafted, negotiated, and voted on by members of Chambers, signifies their central importance to the performance and success of Chambers as a whole, and of its members and staff individually. In the same way, the Well-Being Policy – as well as fulfilling the important functions described above – signifies that the mental health of those working in Chambers is of vital importance to the achievements, durability, and health – the integrity, if you like – of Chambers, and all who sail in her.

None of this is designed to replace – nor could it – the strong tradition of personal support for colleagues, or the kindness and deep, almost familial, friendship, that lie at the core of my own Chambers, and I believe of very many others. What it does is to add a layer of recognition, a clear naming of what once could not easily be spoken of, so that staff and members of Falcon Chambers can expect that their mental health issues will be supported as assiduously and effectively as all other spheres of professional life. That can only be a very good thing.

Thank you for listening. And go well.

Caroline Shea

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