10 minutes with Kelly Garside, Team Manager, Community Child and Adolescent Mental Health Service, Oxford Health Foundation Trust

Biography

Kelly Garside is a registered mental health nurse who graduated with Distinction in a Higher Diploma in Mental Health Nursing in 1997 and obtained her BSc (Hons) in 1998, both at Buckinghamshire University (Brunel). She has worked for Oxford Health NHS Foundation Trust for 22 years. Since 1998, she has had leadership roles in acute, inpatient and community settings, as a charge nurse, community psychiatric nurse and deputy team manager. She is currently Team Manager for a Community Child and Adolescent Mental Health Service in Oxfordshire.

ARE THERE ANY KEY MESSAGES YOU'D LIKE TO GET OUT TO THE READERS OF BMJ LEADER?

It's a privilege to be a leader. You have the opportunity to make a difference—large or small—not only for your colleagues but also for the wider community; in my case, for the young people and families whom we serve. Leaders can make an impact for future generations; how we manage services now affects the future lives of our patients and the lives of the children they will have when they grow up.

I think leadership is about accepting the strengths within your team and sharing the journey with them. It is about embracing the challenges and celebrating the things that go well. It's about recognising that no one person is more important than another. This helps the whole team recognise their individual importance and grows their confidence, knowledge and roles, as leaders for the future—not just during the pandemic but also for the rest of their careers. Our team has shared goals, beliefs and an ethos: *mutual respect* regardless of hierarchy or profession; *security*—to get it wrong and to be able to ask everyone what we might be missing, without feeling judged; and *curiosity*, reflecting together on what to do, when and how, as a joint endeavour rather than as something I do alone. Everyone in the team has some kind of shared responsibility to participate in leadership.

For me, leadership is a bit like gardening. When you sow a seed, you know it needs care and you know that difficult challenges lie ahead that could damage or hurt the plant. You don't know what the challenges will be, but you never stop looking ahead and preparing. When you get a beautiful flower, you celebrate; if you get a plant that never flowers, you stop, think, reflect on what has happened and learn for next time. In the same way a leader needs to look ahead, prepare for setbacks, change the approach if need be, celebrate successes and learn for next time, as they help grow the team of people they lead.

TELL US A BIT ABOUT YOUR LEADERSHIP ROLE AND HOW IT IS CHANGING AS A RESULT OF THE PANDEMIC?

I lead a Community Child and Adolescent Mental Health Service (CAMHS) in Oxfordshire that supports the mental health of children—from birth to 18 years old—and their families. There are 46 team members, providing a service to the whole of South Oxfordshire. We see about 40 patients a day. There are huge pressures on the service and significant waiting lists for assessment and treatment. Like other CAMHS services, we carry out full mental health assessments and offer a broad range of psychological interventions from a diverse multidisciplinary team. The team includes psychologists, psychotherapists, family therapists, mental health practitioners and consultant psychiatrists. Before the pandemic, our service offered the majority of interventions through face-to-face consultation. Now the interventions are being offered through digital appointments except in emergencies. With the support of a deputy, I manage the effective operation of this service. This includes monitoring the quality, performance, finance and efficiency of all aspects of service delivery.

My role has changed dramatically with the pandemic. I now spend a huge amount of time prioritising and reprioritising. I have had to make quick decisions—for example, we stopped routine assessments in order to enable the team to develop the confidence and competence to work remotely—but then quite quickly had to restart those assessments because of the pressures on our service. All the time, there is a balancing act between safe working practice and meeting the demands of the service.

Another change has been in my relationship with the senior leaders. We have developed a much closer working relationship; we are more cohesive and share a common goal, and there is humour between us. We have really hard and honest conversations, but things are more transparent, especially across our different pathways, and the development of a staff support group for managers represents a significant change for us.

WHAT EVENTS IN YOUR PAST EXPERIENCE ARE MOST INFORMING YOUR LEADERSHIP IN THIS PANDEMIC?

While we hadn't specifically prepared for this pandemic, we have an underpinning foundation of process and strategy and culture that helps us prepare for, and deal with, crises when they come. As a mental health clinician, I did 10 years of dialectical behaviour therapy (DBT),[1] and I draw on that experience every day. It helps me to understand many of my interactions and to manage my emotions. The compassionate elements, concepts like 'walking the middle path', radical acceptance and self-soothing—these are everyday DBT techniques, but I'm drawing on them much more at the moment.[2] Moreover, my experience

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of dealing with very complex situations, involving families and young people, has also put me in good stead to manage people's anxiety and uncertainty.

I'm also very influenced by personal past experiences of not feeling well-led, which have inspired me to be a strong, creative and supportive leader, to offer something better to my team than I have sometimes received in the past.

WHAT HAVE BEEN THE BIGGEST CHALLENGES?

Balancing home life and work—when you work remotely, the beginning and the end of the day blur into each other.

Managing expectations—mine and those of others—at home with a young family and at work.

Trying to divide my time between the team members—some need more time than others, but I have to be mindful of the impact this has on the whole team. With the greater external uncertainties, like the discussions around primary schools opening, I have had to think about who is going to struggle with what and the impact it might have on their work, so I'm having to plan how to support each staff member while making sure they fulfil what's expected of them as a team member, and the balance is between being sensitive to the staff member and allowing flexible working practices, while still making sure the job gets done.

I've had to think a lot about how to adapt my leadership when I'm not seeing staff, when everything is remote. It's a huge change not seeing people face-to-face; it's slower, there is a lack of immediacy and responsiveness, and the nuanced feedback is missing. That means if people are stressed, or feeling a bit overwhelmed by the quantity of work, it can be harder to pick up. That's felt very different and demanding at times. It means I worry about the team differently.

The other challenge has been responding to daily updates, some local, some from government. This has required reaction and response in a very short timescale, making sometimes contradictory decisions within hours of each other as new information has emerged. There's been lots of pressure on timescale, lots of demand, but my DBT skills have again been very useful here: radical acceptance and the use of humour!

WHAT HAVE BEEN THE SURPRISES?

The greatest surprise has been the personal reward I get when I see the service stepping up, as I see everyone facing this pandemic head on. I have always felt that collaborative sense of togetherness at being part of the NHS. This experience has really reinforced that. I have huge pride in both my management team and the locality team. They have made huge adjustments, adapting so quickly, and we were offering a functioning service within days of going to remote working. I know of other mental health services that stopped any routine work. We had team members who didn't feel very confident using new technology, and now they are doing online assessments effectively and negotiating with families and young people how to do therapy remotely. We have found multiple new ways of connecting with families and with each other, really embracing digital platforms and learning from direct patient feedback.

I was surprised with the level of problem solving and how we managed to get round all the difficulties. We have seen some people able to showcase talents they knew they had but others didn't, and seen some people discover talents they didn't realise they had. The team have worked way outside their comfort zone, tolerated it and done amazing work.

ARE YOU SEEING ANY BEHAVIOURS IN COLLEAGUES THAT ENCOURAGE OR INSPIRE YOU?

I am inspired daily by the team. They are thoughtful, reflective and creative. The different clinical pathways are working more effectively together, a sense of being in it together and offering the services we can. They are always considering and thinking about the experience of the young people and the families who use this service, even though every single member of the team has personal worries—family members whom they are concerned about, who have underlying conditions or other problems. Moreover, the team is already thinking way past the pandemic, of what new working practices they're learning and how this will shape the future for CAMHS.

HOW ARE YOU MAINTAINING KINDNESS AND COMPASSION?

I am good at recognising when things are getting difficult for me and if my resilience is diminishing. A few weeks ago, I realised this was happening and took an extra half day off, letting my deputy take charge. I knew I had to recharge and catch up on some sleep.

In the wider team, I give each member of the team the opportunity to connect emotionally with me. They need to know that I'm thinking about them even when I am not there, remaining an active member of the team and trying to maintain the strong connections between us all.

I also think using reflective practice with the team—honestly—is important. That openness enables me to hold on to kindness and compassion. As a team, we have created loads of opportunities for connection: daily meetings, more regular staff support, times for team members just to phone and ask a question, even quiz nights!

ANY READINGS THAT YOU HAVE FOUND HELPFUL, THAT YOU THINK OTHER PEOPLE MIGHT FIND HELPFUL?

A few. I have been really influenced by Bernard Bass's model of transformational leadership, *Improving Organisational Effectiveness through Transformational Leadership*.[3] When tackling change, I really like Bridges' transitions model,[4] and for continuous improvement support, I love The Institute of Healthcare Improvement website [5].

WHAT ARE YOU LOOKING FOR FROM YOUR LEADERS?

I want genuineness from my leaders, honesty, and it has to be connected to experience and practice. When leaders draw on their experience, it is a strength. When you ask a leader a question, you can tell by their answer whether they have been in your shoes. If there is a sense of security and respect, then even if you don't agree with their answer, or if they do not know the answer, if you feel they understand what it's like for you, that feels very important. This offers containment.

I also like leaders who draw on the strength of those they manage and who are inclusive. I want leaders who are approachable, accountable to the service and accountable to those people who work within it.

To be honest, I want my leaders to have clinical experience, because for me, the leaders who have been the most inspiring, motivating and challenging have been the ones with clinical backgrounds. There are a lot of corporate business models out there, but you need the clinical experience to make those business models work in a culture where human beings are providing healthcare.

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