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**A Short Response to Andrew Elder
'Balint Group Leadership: Where are we now?' (2011)**

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In his paper from 2011 Andrew Elder asked what makes for effective Balint Leadership. He notes the lack of research into this question and so is compelled to think and write about it from his own long experience of Balint work. Many of his thoughts still resonate today in spite of immense changes to the social and medical landscape.

And what of more recent research into effective leadership? Well the question seems to have been put in the 'too difficult' box and quietly dropped. Attention has turned instead to outcomes, for example the recent paper from China: 'A Randomised Controlled Trial into Balint and prevention of Burnout in Medical Residents (Huang, 2020). Rather presciently, Elder notes that no one ever joined a group because there was evidence of its effectiveness, 'It is our experience in a group that convinces us and changes the way we practice'.

So what changes have affected Balint work in the intervening years? Both general practice and psychiatry are very different. General practice is now dominated by large group practices often staffed by women working part time and providing lots of appointments by phone. Their autonomy is greatly reduced and their sense of ownership and belonging is weakened. Most significantly there has been a catastrophic loss of continuity of patient care. This is something that has recently been discussed at the Parliamentary Health Select Committee but there is no prospect of any imminent improvement. Psychiatric services are also in constant flux and stretched to breaking point. Many patients now receive their care from teams with caseloads rather than from individual professionals, again at the expense of continuity.

The changes are not all negative. On the plus side we have local, national and international Balint groups meeting regularly online. For the first time there

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are no more Balint wastelands where no leaders dwell or groups ever meet. And there is continued enthusiasm for Balint work and excellent attendance at Leadership training days. We have even managed to get the Royal College of General Practice to support initiatives introducing Balint work back into practice.

Elder asks if we should consider different approaches to leadership according to the aims of different Balint groups. In essence, what do group members need from their Leaders? Perhaps this is the key question we should be asking now. We have the tools to be flexible in what we offer and a Health Care workforce that has surely never needed it more. Now is the time to explore new ways of meeting these needs.

Reference

Huang, L. et al. (2020). A Randomized Controlled Trial of Balint Groups to Prevent Burnout Among Residents in China. *Frontiers in Psychiatry* 10: 957.