SAMARPAN MENTAL WELLNESS

ADDICTION THERAPIST COVER LETTER

INTRODUCTION

My aim in becoming an Addiction Therapist is simple — to make a meaningful impact. In India, many individuals struggling with substance use face deep stigma and shame, and so, I want to be the bridge that connects them to empathy, understanding, and recovery. From being a student balancing academic deadlines, a care worker supporting older adults with dementia, and a Mental Health Mentor for young adults, to a trainee mental health worker on an acute ward, I've worn many hats. Each experience has taught me something invaluable: that authenticity builds trust, that people are more than their problems, and that real healing begins when people feel genuinely heard.

I see joining Samarpan Mental Wellness as an opportunity to grow both personally and professionally by deepening my cultural competence and understanding the unique needs of diverse Indian communities. I'm eager to learn, contribute, and transform my passion for mental health into tangible, positive change in people's lives.

QUALIFICATIONS

I hold three qualifications — a British Psychological Society-accredited First-class BA (Hons) in Psychology, an MSc in Foundations of Clinical Psychology and Mental Health (awarded with distinction), and a Postgraduate Diploma in Mental Health Practice, completed alongside my clinical placement as a Trainee Mental Health Worker at North London NHS Foundation Trust. These have equipped me with a solid grounding in psychological theory, research, and the biopsychosocial application to mental health care.

EXPERIENCE

I have worked with adults aged 19-65 with complex needs such as psychosis, schizophrenia, bipolar disorders, personality difficulties, substance use and forensic histories, in both community mental health teams and acute in-patient wards. Every person has unique requirements. With one patient who only spoke Amharic, I arranged an interpreter to complete a care plan and risk assessment with him and his parents. I also spoke to his English-speaking carers, ensuring their views were included. This experience reminded me that effective care planning is person-centred and works best when families are meaningfully involved.

Risk assessments are an integral part of care planning. As a Trainee Mental Health Worker on an acute adult mental health ward, my daily work involves clinical observations, mental state examinations, and physical health checks to monitor risk. If a patient expresses suicidal ideation or shows signs of deterioration, I escalate immediately to the team and record it on the electronic patient record system.

Risk is not only managed through assessments but also through relationships. I hold 1-1 conversations with patients to understand their hopes and worries, then bring these into multidisciplinary team discussions so their voices shape care and discharge planning. I also join patients in activities such as playing pool, listening to music, or occupational therapy sessions like aromatherapy and cooking. These moments of connection build trust and reduce isolation, which I see as vital in managing risk on the wards.

I also work with young people in crisis as a Shout crisis textline volunteer. Themes often include suicidal thoughts, self-harm, bullying, depression, breakups and identity struggles. I use affirmations, active listening, and gentle exploration of coping strategies. Every conversation requires a ladder-up risk assessment (thoughts, plan, means, timeframe), and when necessary, I escalate promptly to my supervisor as well as collaboratively work with the texter on a safety plan.

In my role as a Learning Support and Mental Health Consultant, I provide 1-1 solution-focused support for university students experiencing academic as well as emotional difficulties. I work with them on challenges such as work-life balance, problem-solving, motivation, time management, communication, exam stress, depression, and anxiety. Using psychological interventions such as behavioural activation and graded exposure, I supported one student with social anxiety to gradually attend restaurants and cinemas independently, something that had previously triggered panic attacks.

However, I believe that a strong therapeutic alliance lays the foundation for excellent and compassionate care. One student I began mentoring in March would attend sessions but barely engage, responding only in short, monotone syllables. I was curious to understand her and gently asked open-ended questions, offered affirmations, and validated her feelings. Slowly, the ice began to break. Over time, she trusted me enough to share something deeply personal — that her racial identity made her feel ridiculous and triggered panic attacks. This was a heartbreaking revelation, but also a turning point in our work. Using cognitive restructuring, we worked on challenging and changing her negative core beliefs into more positive and balanced thoughts. Today, she is thriving, both academically in her third year and emotionally in her personal life.

From this experience, I took away two key reflections: first, how deeply inclusion, equality, and diversity shape a person's wellbeing and life journey; and second, how essential a trusting therapeutic relationship is to creating real change. Similarly, from the "Feeling OK" psychology groups on the ward, I reflected on the unique and complex lived experiences of psychosis and addictions. Many patients voiced concerns about staff responsiveness, which I raised with the team. This not only shaped service improvement but also taught me to be more attentive and proactive to patient needs in my own practice.

SKILLS/KNOWLEDGE

Wards can often be highly emotive environments, and it can be challenging to communicate with carers about their loved one's condition. I remember supporting the partner of a service user who was struggling with obsessive rituals and compulsions. He wasn't eating properly and would spend hours repeatedly picking up and putting down his shorts. During visiting hours, I gently checked in with his partner. She looked exhausted, distressed, and on the verge of tears. She shared that it had been extremely difficult for her, though she was grateful for the team's care. I validated her emotions, offered her a glass of water, and asked if there was any further way we could support her. I also reassured her that the staff would continue encouraging the service user to engage in activities he enjoys, such as playing pool, which often helps him relax and connect with others. That brief moment reminded me how much trauma and grief carers experience alongside patients. As an Addiction therapist, I would always aim to include family perspectives in care planning and offer them emotional support, recognising that their wellbeing is deeply intertwined with the patient's recovery.

Working under pressure is my forte as I handle multiple responsibilities: studying, working in the NHS, mentoring students, doing crisis volunteering and co-leading an NGO team catering to education, psychosocial support and wellbeing in conflict areas. These experiences have honed my time management, organisation, and prioritisation skills as I meet deadlines consistently while maintaining high-quality work.

Working on the ward for 14-hour shifts requires significant mental and emotional resilience, as well as a proactive approach to managing aggression and maintaining a calm environment. When verbal disputes arise between service users, I step in calmly and remove one from the situation to reduce tension. I then check in with both individuals separately, listen actively to their perspectives, make them feel heard and thus therapeutically de-escalate the situation.

To ensure I can support people with complex needs to thrive, I actively invest in continuous professional development. I have completed external training in Motivational Interviewing, Trauma-Informed Care, Substance Misuse, and Quality Improvement, among others. For example, my training in bipolar disorder and psychosis equipped me with CBT strategies to help prevent relapse and support recovery. I have also shadowed specialist services, such as the Early Intervention in Psychosis (EIS) and Mood, Anxiety, and Personality Difficulties (MAP) pathways, attended MDT meetings, summarised clinical notes, and even completed a telephone assessment for a patient experiencing a first episode of psychosis.

CONCLUSION

I believe my experience in working with diverse professionals and supporting individuals experiencing complex clinical presentations and addiction issues makes me a strong fit for the Samarpan team. I have a strong clinical and research interest in addiction management and am motivated to develop this as a niche in my career. As an Addiction therapist, I would work to minimise the power dynamic between professionals and service users by empowering patients to see themselves as the experts of their own lives. I am committed to contributing to Samarpan’s service development by routinely gathering patient feedback and integrating staff reflections.