

# Everybody Hurts- What can physical health professionals learn about how mental health professionals support their own emotional resilience and mental health?

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## Background

Ultrasonography is a challenging career with considerable stresses on both physical and mental health. The physical aspects of ultrasonography, difficult posture with prolonged pressure exertion, have been extensively researched and addressed with advances in machine ergonomics, operator awareness of posture and positioning and workplace tools to identify musculoskeletal problems. The mental stresses are less well recognized and have only recently started getting investigated. A recent survey of UK obstetric sonographers showed 92.1% and 91.0% met the burnout thresholds for exhaustion and disengagement, respectively(1) and, pre-pandemic, another survey showed that 88.9% could be classed as having some kind of minor psychiatric disorder(2).

## Key points:

- Ultrasound practitioners are under considerable mental stresses with >90% showing signs of burnout
- Mental health professionals have adopted interventions such as regular supervision, reflective practice and group debriefs, required and monitored by the trust
- Interventions show better client outcomes with fewer patient complaints, less clinician fatigue and maintain and improve service quality.



Fig 1. Benefits of supervision for the wider service and service users according to the HCPC (4)

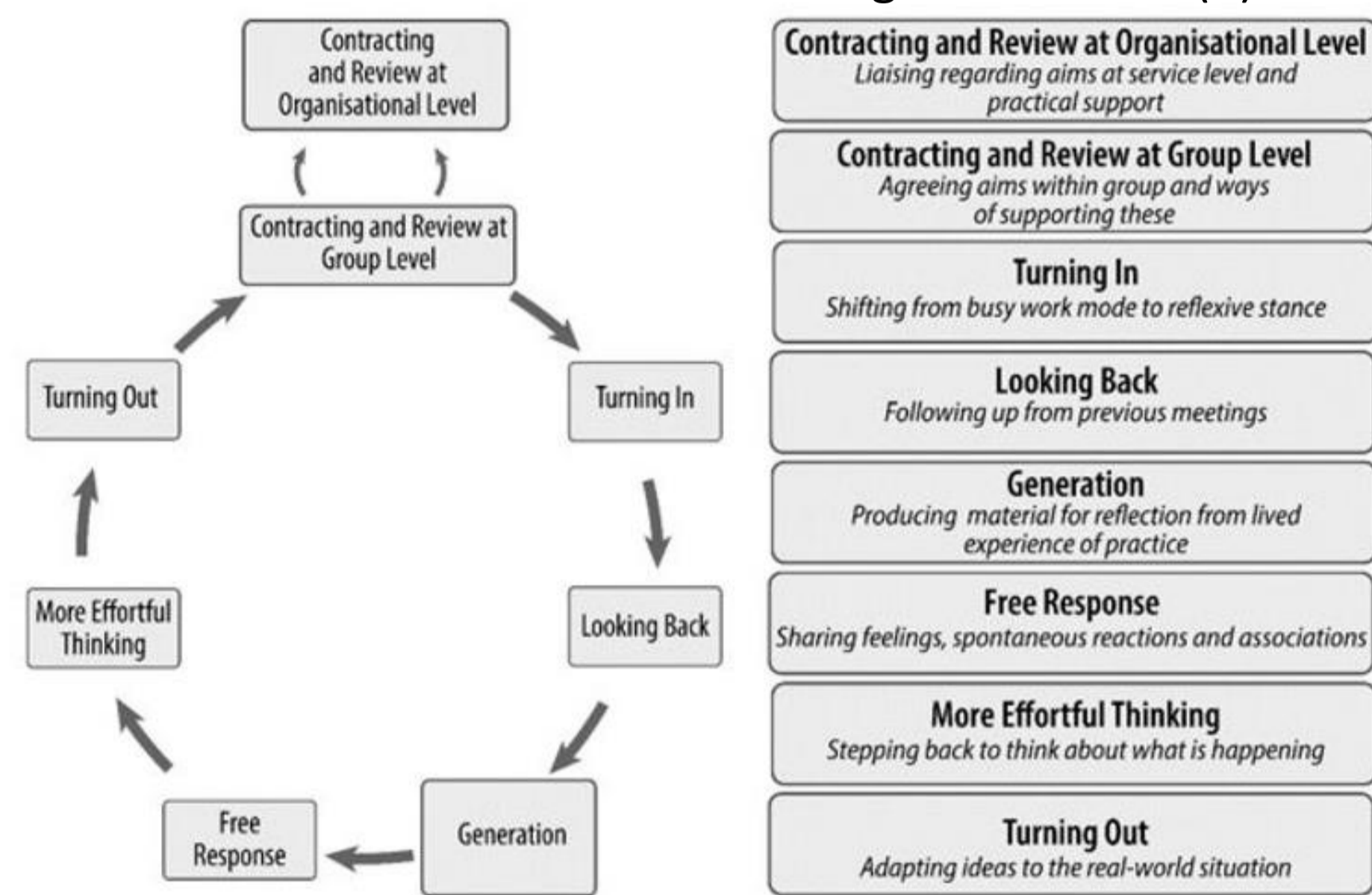


Fig 2. The heads and hearts model: an example of a reflective practice model to be considered when setting up support(5)

## Challenge facing ultrasound practitioners

Ultrasonography is a mentally challenging activity requiring long periods of intense concentration, empathy and communication of complex and often difficult information to patients and clinicians. Practitioners are under increasing time and caseload pressures exacerbated by COVID recovery and chronic fatigue from 2 years of pandemic. Furthermore, few other health professionals are face-to-face with their patient at point of significant discovery whether that information is imparted to the patient or not. All of which carries with it an emotional toll.

While many Trusts provide training to support physical health, few radiology departments educate their staff on emotional resilience or offer regular support to either promote or maintain mental wellbeing. Training, when available, is often focussed on those doing obstetrics and, on the receiver, and not on the impact of vicarious traumas experienced as a result of repeatedly discovering/delivering difficult outcomes for patients on a regular and prolonged basis. However, it has been shown that even receiver orientated training can significantly reduce disengagement and sonographer stress levels (2). According to the Society of Radiographers (SOR), factors to provide mental health support to sonographers include ensuring that there is time available in the working day for debriefing, having regular clinical supervision sessions and, where appropriate, referral or self-referral to counselling services for staff (3).

## Mental health professional model

Mental health professionals have adopted a trauma-informed stance into their working practices. This has not only informed the direct clinical work with patients but is also evident in the way the work force is supported by the trust. Regular supervision, reflective practice and debriefs are required and monitored by the trust, based on research in Clinical Psychology to inform best practice. Some of these practices could be applied to physical health professionals to address some of the emotional burdens experienced as part of day-to-day delivery of care. Staff in mental health trusts have a variety of supportive tools available both regular support and also acute services for times when unusually difficult occurrences affect them, both in and out of the workplace and there is an understanding of the affect one has on the other.

## Mental health professionals support tools and Interventions

Clinical supervision is "a process of professional learning and development that enables professionals to reflect on and develop their knowledge, skills, and competence through agreed and regular support with another professional" (6). The HCPC, British Association of Music Therapists (BAMT) and the SOR all recommend a minimum of monthly clinical supervision, SOR identifies supervision as "restorative - Supporting and assisting with coping - supporting practitioners, helping to identify solutions to problems and alleviate stress." (7). Avon and Wiltshire Partnership (AWP) recognise the benefits of regular good quality supervision, highlighting that it is directly linked to improved client experiences and the delivery of safe and high quality service, as such all supervision is registered, and line managers are alerted if a clinician does not receive monthly clinical supervision. Mental health practitioners have a wide variety of supervision options including group and individual supervision, or specific clinical need, such as, trauma informed supervision.

The HCPC encourages clinicians to reflect on their work as part of their ongoing practice, and it can be included as CPD. The HCPC states that Reflection is a process which helps you gain insight into your professional practise by thinking analytically about any element of it (8). They go on to state Reflection can have positive impacts for your service users, your colleagues, your practice and your health and wellbeing. Fig 2 is the Heads and Hearts model by Arabella Kurtz used by mental health professionals to structure group reflective practice offered to teams on a weekly basis by psychological therapists.

When a particularly difficult incident happens senior practitioners are trained to provide a 'hot' debrief to all staff involved, this is usually an informal chat to ensure that all members of the team feel supported and have the opportunity to consider practicalities, such as who will cover their duties if they take a quick break. The term debrief is quite broad but in this case refers to a structured, non-judgemental discussion of staffs experiences of the difficult incident, usually classified as when a service user absconds, self-harms or hurts others. After two weeks a 'cold' debrief can be facilitated to allow further time for teams to reflect together on the incident allowing team members to construct a narrative of the incident.

To alert AWP's employees to support available communal areas commonly have posters which range from supportive images reminding staff to take regular breaks throughout their shifts to services like PAM assist, an independent company able to provide support 24/7 over the phone when staff need it to talk about work or personal issues that are affecting them. Figs 3 and 4 are examples of those commonly seen on AWP sites.

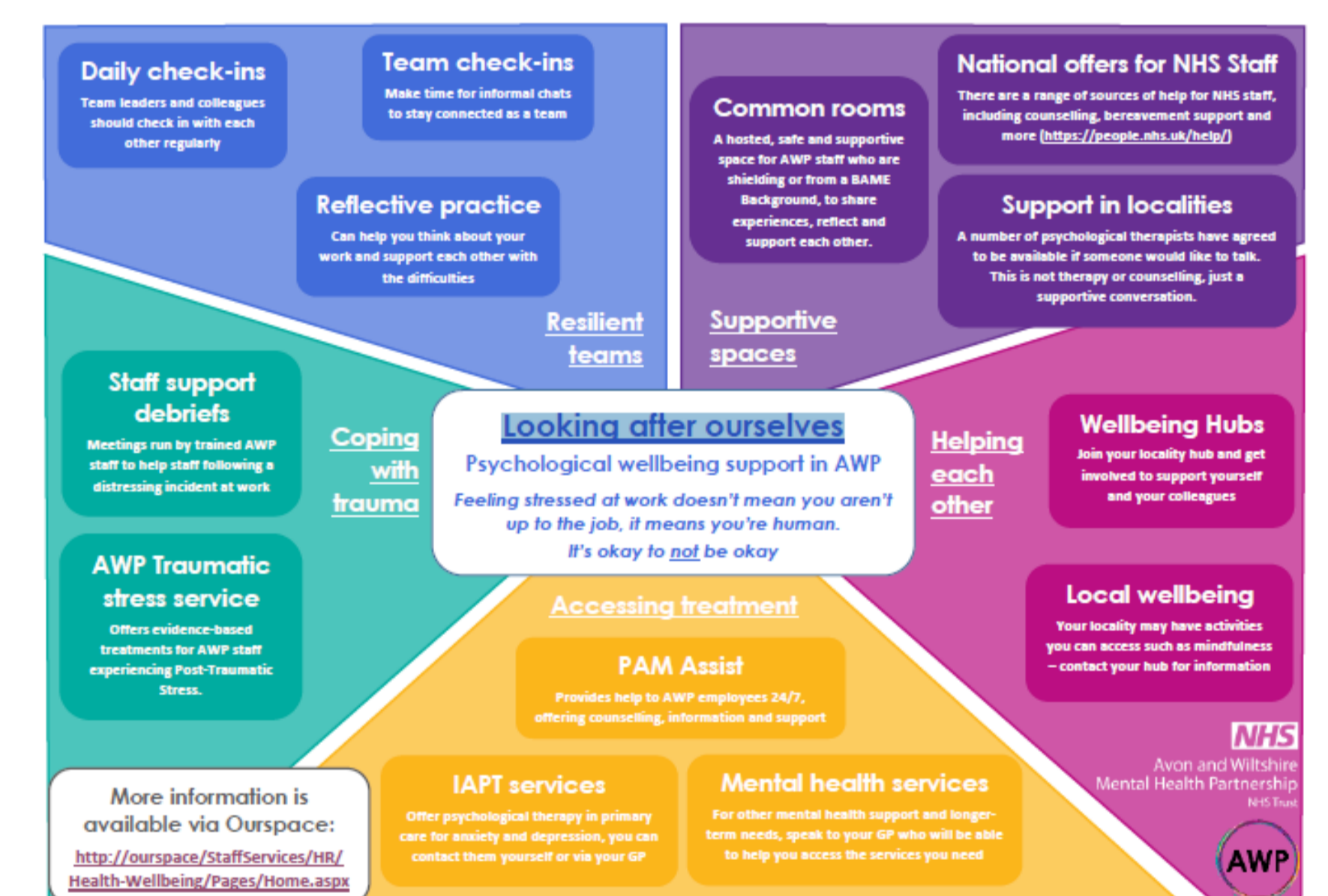


Fig 3. example of Visible reminder of interventions and resources available to staff for mental health support

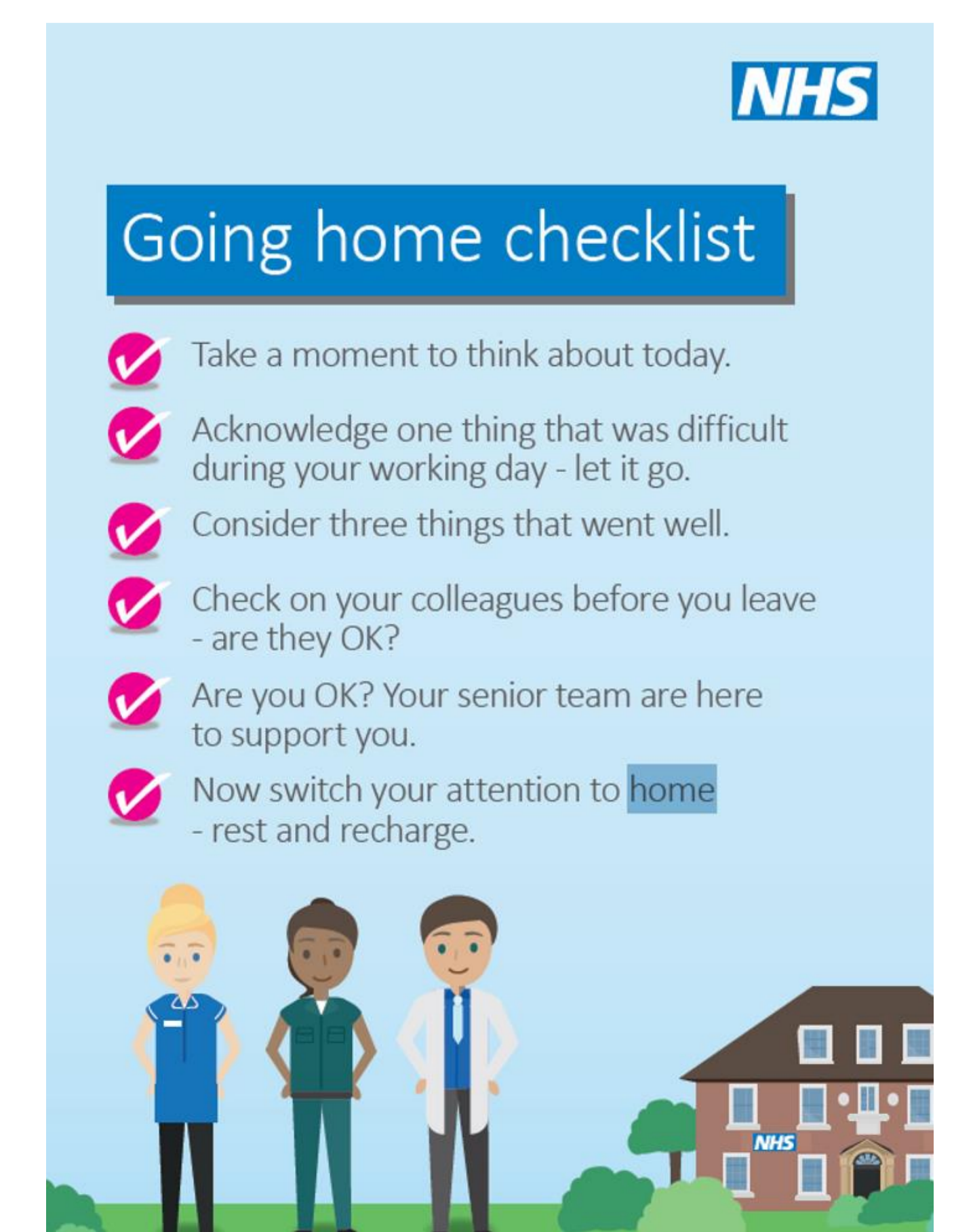


Fig 4. example of Visible reminder of self care processes encouraging work/life separation

### References:

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