

# Burnout amongst Psychological Wellbeing Practitioners in Improving Access to Psychological Therapy services: A qualitative study exploring contributory factors and subsequent effects on patient care

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## BACKGROUND

Improving Access to Psychological Therapies (IAPT) services provide evidence-based psychological therapies for anxiety disorders and depression in the English National Health Service (NHS). NICE recommends cognitive behaviour therapy (CBT) as a leading treatment option. A typical CBT programme would consist of 5-20 face-to-face sessions between the patient and a Psychological Wellbeing Practitioner (PWP). Amongst the IAPT workforce, PWPs are afflicted with high levels of burnout and with attrition rates of 22%<sup>1</sup>. Research has shown that the prevalence of burnout amongst PWPs could be as high as 68.6%, which is the worst in the mental health field<sup>2</sup>.

## AIMS

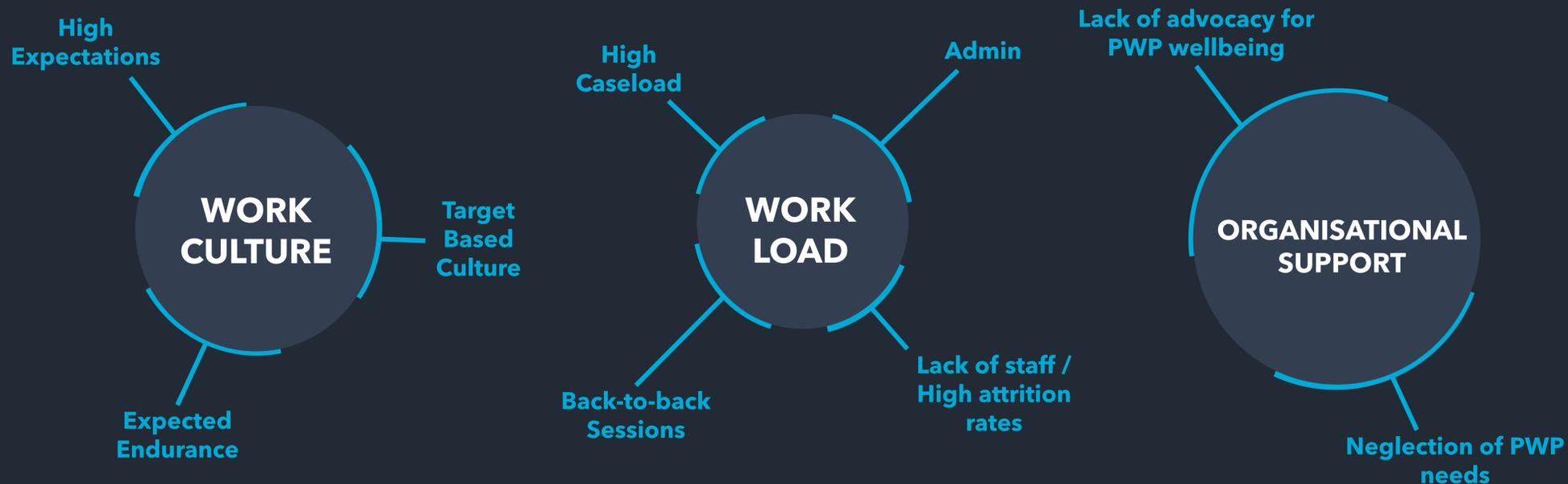
To identify factors which may contribute to burnout amongst PWPs and to discern its detrimental effect on patient care.

## METHODS

Qualitative data collection was employed to attain in-depth insights regarding the issue of burnout from the perspective of the front-line workers of IAPT. This was facilitated through semi-structured interviews with eight PWPs from eight different IAPT sites in London. Thematic analysis via both latent and semantic approaches were used to explore and define the main concepts within the qualitative data. This was carried out using Clarke and Braun's Six Step Model.

## RESULTS

Three main themes which therapists identified as being contributory to burnout were revealed, within them were further subthemes. Some example quotes relating to each theme have been included.



"As a practitioner, you're expected to average 50% recovery and if I don't, then there will be questions about why I haven't reached that"

"PWPs are expected to adapt to the workload quickly"

"There can be excessive workload, you are pushed to work a lot and it feels like the workload is almost unsustainable sometimes"

"PWPs might have a whole day where you just have back-to-back sessions the whole time"

"IAPT as a system is quite frankly pressurised and it's a problem"

"There is support but it's just sometimes difficult to get a hold of"

"Sometimes my workload was so much, and the management team didn't care"



## EFFECTS ON PATIENT CARE

Therapists highlighted the detriment of intense work pressures on patient care and shared their experiences of defaulting to cancelling appointments to cope with the heavy workload. They revealed that the pressure to rapidly get patients through the system sometimes led them to prematurely discharge some patients, which could have adverse effects on their outcome. "Assessment weeks" are implemented at some services where PWPs only focus on getting through the high load of assessment appointments, and the actual treatment appointments are postponed.

## CONCLUSIONS

The responses from the interviews were concordant with existing literature which suggests that the IAPT workforce is under pressure from high demand and concurrent high attrition rates<sup>3,4</sup>. The main findings revealed that there are multiple factors which may contribute to burnout amongst PWPs, which potentially affects the quality of care that patients receive. Thus, the findings from this research could form the basis of a holistic approach to tackle PWP burnout and attrition, which is essential to ensure that the quality of patient care is not compromised. However, the findings of this research cannot be generalised due to the small sample size. In light of the COVID-19 pandemic, increasing efforts to retain the IAPT workforce has greater relevance given the growing burden that this pandemic will have on mental health services. Some therapists also discussed the helpful strategies that their IAPT service has implemented to help avoid burnout amongst their workers, such as case management supervision and the opportunity to debrief after seeing a distressing case.

## REFERENCES

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