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# Learning to offer good Trauma Care to ourselves

**Rachel Wesley**  
**Trauma Psychotherapist**

# Trauma informed care (“TIC”)

- Is a whole system approach that hopes to meet every part of care and integrates a social model of psychological distress covering:
  - Neurological - the central and peripheral nervous system. In other words, the brain, spinal cord, cranial nerves, peripheral nerves, nerve roots, autonomic nervous system, neuromuscular junction, and muscles
  - Psychological - the mental make-up or structure of an individual that causes certain thinking patterns and behaviours, feelings and emotional reactions
  - Interpersonal – how people get on with each other, how they communicate, relate and connect with others
  - Environmental – physical, political, cultural, financial/economic



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# The state of Mental Health in Healthcare

- BBC survey 2016-17
  - Number of NHS mental health staff who have had to take sick leave because of their own mental health has risen by 22%
  - Long term sick leave of a month or more rose from 7,580 in 2012-13 to 9,285 in 2016-17
- RCN
  - More than 40,000 mental health staff are assaulted every year and often violence is seen as 'part of the job'
- Across the UK population, 31% of GP sick notes issued are for mental health, with 14% rise in stress and anxiety



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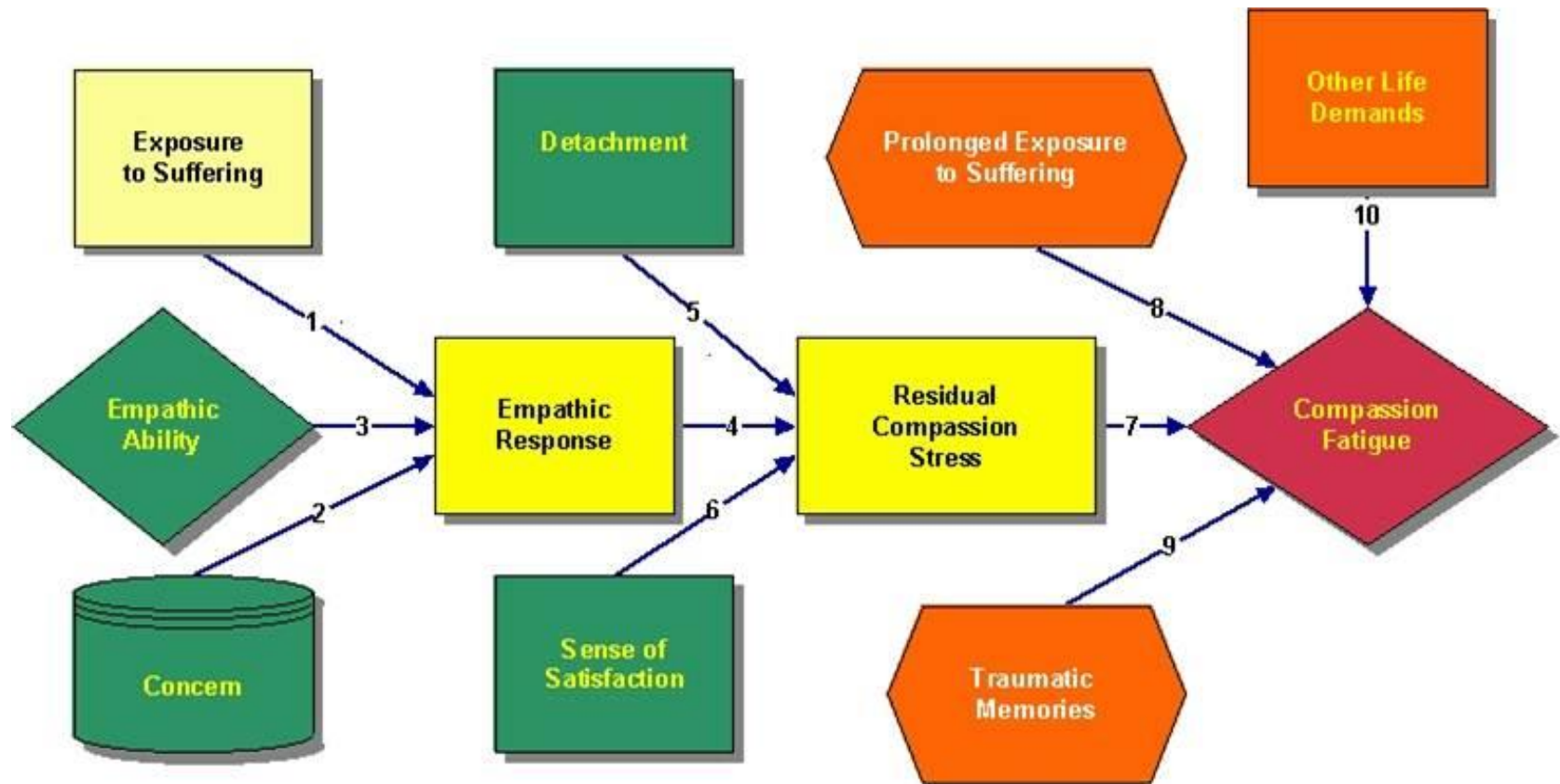
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# Your TIC context

- Political
- Cultural
- Physical environment
- Financial/economic
- Organisational

# Compassion fatigue



The Compassion Fatigue Process (Figley, 2001)

# Recognising burnout

- General exhaustion
- Lack of interest and motivation at work
- Risk factors:
  - Strong ambition at the start of a job
  - Overworking
  - Isolation from family and friends
- Adverse negative impact on personality leading to depression, emptiness, physical/emotional distress

# Compassion fatigue and burnout

- Compassion fatigue

Found in occupations  
dealing directly with  
trauma victims

Occurs from exposure  
to trauma

- Burnout

Can be found in all  
occupations

Occurs from  
overworking oneself  
and occupational  
stress

# Recognising vicarious trauma (secondary PTS)

- Being aware if we are thinking about a particular client and their experience to excess
- Dreaming about the client or the event
- Feeling disconnected from our activities (dissociation)
- Managing our caseload carefully and not having a high proportion of complex traumatic material is important, ensuring adequate space to release any emotions or material after each client, accessing regular clinical supervision and keeping our own self-care as a focus are all essential



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# Early warning signs

- Increased fear for safety of children or loved ones
- Sense of cynicism or pessimism
- Increased illness or fatigue
- Increased absenteeism
- Greater problems with boundaries
- Difficulty making decisions
- Reduced productivity
- Reduced motivation
- Loss of sense of control over your work and life
- Lowered self esteem, lowered sense of competence
- Difficulty trusting others
- Lessened interest in spending time alone
- Less time spent reflecting on your experiences



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# Early warning signs

- Emotional numbing
- Social withdrawal
- Work-related nightmares
- Feelings of despair and hopelessness
- Loss of sense of spirituality
- More negative view of the world
- Reduced sense of respect for you/others
- Loss of enjoyment of sexual activity
- No time or energy for yourself
- Feeling that you can't discuss issues with family or friends
- Finding that you talk about work all the time (can't escape)
- Sense of disconnection
- Increased sense of danger (reduced sense of safety)



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# Unhelpful beliefs

- “I **must** always put others first”
- “I **should** be strong for others”
- “Their need is greater than mine”
- “I’m a professional, I **should** know what to do”
- “I **can’t** be ill, what about my patients etc”
- “The waiting list is so long, I **can’t** be off”
- “Everyone is struggling, I **can’t** show weakness”

# Helpful beliefs

- “I accept my own vulnerability as that of my patients/others”
- “I will offer what I can in each moment”
- “My self-compassion enables others to be compassionate to themselves”
- “Doing good enough *is* often good enough”

# Trauma in A & E

# Practitioner heal thyself

- Breathe
- Balance of activity – psychological and physical demand
- Ways of transitioning from one aspect of life to another ie home to work, work to home
- Space for reflection
- Professional support
- Peer/colleague support
- Focus on the ‘now’ – mindfulness tools
- Saying ‘no’
- Having interests and friends away from work



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# How to stop running on empty

- Develop a compassion fatigue toolkit:
  - What would go in that toolkit?
  - What are my warning signs – scale of 1 to 10, what is a 4 for me, what is a 9?
  - Check in with myself – every day, at the end of each week? How am I doing?
  - What things do I have control over? What things do I not?
  - What stress relief strategies do I enjoy? (bath, sleep, massage)
  - What stress reduction strategies work for me? (cutting back on things that cause stress, reorganising caseload)
  - What stress resiliency strategies can I use? (mindfulness, breathing exercises, running, yoga)

# Self-compassion

“Compassion is by definition relational. Compassion literally means “to suffer with” which implies a mutuality in the experience of suffering. The emotion of compassion springs from the recognition that the human experience is imperfect.”

Kristen Neff, *Self-Compassion: The proven power of being kind to yourself*



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