

Inside the organisation

Working in the field of secure mental health is not for the faint-hearted. **Annette Greenwood** is the Trauma Service Lead at one of the country's largest secure mental health hospitals. She talks to *Counselling at Work* about maintaining staff wellbeing and a trauma response service that supports nurses who are exposed to trauma every day

What was it about trauma that drew you to it as a specialism?

Whilst studying for my first degree a psychologist who had worked in the trauma field delivered a number of lectures that I found compelling. I was particularly interested in the concept of post-traumatic stress and the impact it had on people's lives especially when it happens at their place of work. In the 1990s my research into the nightmares and dreams of people living with HIV/AIDS at the London Lighthouse, Terrence Higgins Trust, developed my understanding and shaped my journey into the field of psychological trauma.

You're the Trauma Service Lead at St Andrew's Healthcare. Can you tell us about your organisation?

St Andrew's Healthcare is a charity that has just celebrated its 175th year in 2013. It is the largest non-NHS provider of low and medium secure mental health inpatient care in the UK and is mostly funded by the NHS and Ministry of Justice. It has a national and international reputation for caring for the most complex mental health patients who have aggressive and violent behaviours.

The charity has 'a can do culture', where ideas and investing in staff support and training are a high priority. St Andrew's knows how investing in its staff can have a direct impact on the patients in its care. Currently close to 1,000 patients are cared for within the four hospital sites in England, and the charity employs over 4,000 staff.

What is the set up of the counselling service you provide for staff?

When I was asked to review and develop new services to support staff at St Andrew's, I started with a scoping exercise where I interviewed over 500 staff, both clinical and non-clinical and asked them what type of support they needed. The result was the development of two separate services which were dovetailed to the needs of our staff.

The first is an in-house trauma response service for clinical staff threatened or assaulted by the patients. It's based on the model ASSIST: psychological first aid¹ to provide support, usually within five working days of an assault, serious threat or traumatic incident. Secondly, I manage and commission a wellbeing counselling service from an EAP. All counsellors and psychologists providing this service are experienced or have postgraduate training in trauma support as not all practitioners can work with trauma injuries and incidents. The service provides a 24-hour telephone counselling helpline which is open 365 days a year.

Staff can self-refer for six sessions of crisis-focused counselling with a qualified counsellor at a time and place that is convenient to them. It's a confidential service where only demographic data is reported back to the charity. The EAP also provides counsellors and psychologists to deliver trauma support on all four sites and this forms part of our emergency plan for the charity.

To complement these two services I have developed a bespoke specialist trauma treatment programme provided



by the EAP. Following a clinical assessment, if staff are identified as needing specialist treatment, they are offered eye movement desensitisation reprocessing (EMDR), as recommended by NICE. The EAP also provides specialist occupational psychological assessments for staff who have long-term sickness problems or related psychological or substance abuse problems.

The EAP counsellors and psychologists who are going to be working with our staff need to understand the organisational context they work in. To facilitate this, I made a video of many of the different situations and processes that our staff working in a secure hospital setting experience on a daily basis. For example, everyday items such as a pen, a piece of string or even a piece of underwear elastic could become a potential risk as patients are so driven to self-harm. This can put a great strain on staff as they are in a constant state of hypervigilance to ensure patient safety. If you work at a medium secure unit, you have to go through an air lock; once through the first control door you have to hand everything over to the key exchange person and they give you a set of keys and a personal alarm linked to the response team, if needed. There are then four doors between you and the outside world. This process isolates staff as it does the patients. The staff have to negotiate a constant boundary of relating and developing a relationship with the patient and at the same time protecting their personal details and not disclosing personal issues about themselves to the patients or colleagues in the ward area, as some patients have a forensic history. Because of the strict confidentiality of working with secure patients, staff will watch each other's eyes and body movements and develop their own form of communication. Counsellors who work with our staff need to understand the specific demands and threats that are not normal in any other organisational setting.

Working with people with severe mental health issues is immensely challenging work. What do staff face day to day and how does the service support them in their work?

The world of secure mental inpatient care is about managing risk: of the patient harming themselves, other patients or the staff who care for them. Nursing in secure mental health settings is a specialist field and can expose the staff to a world many cannot imagine. Many patients have experienced their own traumas as children and adults. All newly recruited staff will attend an induction to St Andrew's about the clinical environment and receive regular training. This includes learning about relational security, how to restrain patients safely, and all staff are offered regular individual and peer supervision. Working with patients with severe personality disorders can sometimes impact on our staff and so each member of staff is regularly asked about their wellbeing and is encouraged to self-monitor. Staff work closely as a team and develop ways of working that are supportive to them and the patients in their care.

Are there initiatives you've introduced that take you beyond the counselling service and into the organisation?

Because of the complexity and diversity of the organisational culture of a secure setting hospital, I provide a number of supervision support sessions to clinical staff who might be working on difficult emotional cases. Sometimes at the request of a manager I will set up group supervision for staff working with sexual offenders or patients with severe personality disorders. I also regularly deliver training in trauma awareness for senior managers and clinical staff to help inform their understanding of how staff experience trauma in their workplace.

The charity is always looking at evidence-based practice and has invested in mindfulness-based stress reduction (MBSR) training for staff. I was fortunate to have attended the eight-week training course with Professor Mark Williams at Oxford University. I can thoroughly recommend this training to anyone and it has made a great difference to the way I work and the way in which I take care of myself. To date, across the charity 299 staff have attended mindfulness drop-in sessions and 110 staff have completed the eight-week training course. This gives staff something that is just for them, because they are always watching and evaluating risk, and mindfulness allows them just 'to be'. They need that.

How do you work with the wider organisation to promote a healthy working environment for staff?

Staff support is not a given; it needs time for relationships and trust to develop. We have regular health checks for staff when managers meet with their staff and ask them: 'How are you doing?' or 'Is there anything you need?' It's a normal part of our working practices. Managers call or drop by to discuss difficult issues they are managing or concerns they have for staff. Working on all four sites and spending time on the wards and units talking to staff helps build those relationships. I have been here for five years and, from the start, 'word of mouth' has been the best recommendation I could have for the services I provide. I also have regular meetings with key stakeholders in the organisation and the two-way communication allows for organisational learning.

Trauma is everywhere – but some organisational cultures are more receptive to this and educated in what's needed to support staff in their work. What has been your experience within St Andrew's?

St Andrew's is an informed organisation and many of the 4,000 staff have a clinical training in mental health, as a nurse, psychiatrist, psychologist, occupational therapist or social worker. They understand about the impact of trauma but do not always think about themselves. The challenge has been to enable these staff to be able to self-monitor and regulate themselves: five years on, I believe they are now more willing to consider their own needs. The organisation has from the start been very supportive and the service is included in all appropriate policies and procedures. The senior managers, hospital directors and executive team



Annette Greenwood meets The Prince of Wales during a reception for *Nursing Times* Award winners and nominees at Clarence House, October 2013

support and proactively endorse both my role and the services we provide. You have to have both to ensure successful staff wellbeing services and the organisation has to be given feedback so that it can learn how best to support its staff.

What do you think therapists who work with trauma need to be aware of and how do you promote good self-care in your team?

Firstly, a natural personal hardiness; this work is not for the faint-hearted. I believe you have to self-monitor and the mindfulness training has helped me with that. I attend regular supervision with a psychologist who understands my organisational context and the role I have. It pays dividends to work with a like-minded team who are not frightened to discuss any difficulties or issues as they arise. This helps dispel myths and fantasies or fears that can easily build and make the work more difficult. Lastly, I and the team I work with remember to have a life outside of work, with family and friends.

You were recently awarded the Excellence in Supporting Staff Health and Wellbeing by *Nursing Times* – congratulations! What has this meant for you, the service and staff at St Andrew's?

It's hard to explain what it means, because it meant so much. It validated what I have fought for for so many years for nurses in healthcare settings; it is important for nurses to have professional psychological support when they need it and it values their role and the complexities they have to deal with at work. It was recognition of what they cope with on a daily basis and their need for a service that believes in recovery for them as an important professional group. So, it was certainly a highlight for me last year. It was with great pride that I had lunch with HRH Prince Charles at Clarence House and I was moved by his knowledge and depth of

understanding of what trauma is and how asking for help is not a sign of weakness.

I think also that in receiving the award, it acknowledged the richness and quality and the endeavour of the workplace counselling profession. Since then, I've been inundated with requests for advice and input from other organisations; it's validated my work and gives me an opportunity to promote the potential of all that workplace counselling can bring.

Reference

- 1 Greenwood A, Rooney C. ASSIST: a healthcare staff support model. In Hughes R, Kinder A, Cooper C (eds). *The international handbook of workplace trauma support*. London: Wiley; 2012.



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Your thoughts please

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