Clara Shield:

Welcome to the Practising Mindful Practice podcast series. Practising Mindful Practice is a resource for heritage professionals exploring their working practice around the development of mental health and recovery programmes funded by the Baring Foundation.

Zoe Brown:

The series has been produced by Tyne & Wear Archives & Museums, or TWAM as we like to call it. I'm Zoe Brown, the outreach officer for the Culture, Health and Communities team.

Clara Shield:

And I'm Clara Shield and I work alongside Zoe as lead for our health and wellbeing programme.

Zoe Brown:

Episode four, Staff Wellbeing. In episode four, we'll focus on thoughts and experiences about staff wellbeing, how the health and social care sector look after their staff wellbeing and what we can learn from them in the heritage sector regarding clinical supervision, conscious and unconscious bias, expressing thoughts and feelings, triggers and professional boundaries.

So it sounds like that memo of understanding really does give you clarity in terms of the roles and the responsibilities of the different workers coming from different organisations and different sectors. And just thinking about the staff wellbeing side as well, that sounds like that's really being thought about within the memo of understanding and the way that you want to protect yourself, look after yourself, look after the staff. Can you tell us a little bit more about that staff wellbeing and if you've seen something in the health and social care sector that you think we really should implement that within the heritage sector to look after our staff?

Clara Shield:

Yeah, I mean the very fact that the memo of understanding has been, that I've had an input as an assistant outreach worker, had an input into that document has been really helpful because that's my own lived experience of delivering these services. So it's not a suggestion of what could happen on a ward and how an individual might feel or might be exposed to or whatever it's actually been the things that have happened. So we've been able to discuss those and then work out, right, where and what, how does that need to be referred to or framed in this document to ensure that other people can have a really good experience or a more positive experience if they're delivering this kind of work. So actually speaking to the people on the ground who are doing this work, it has been really nice to be asked to be part of that writing of the document so that it's actually fit for purpose in terms of the widest staff wellbeing, it became really clear to myself, my colleagues and our managers that in the variety of different programmes that we were delivering within the communities team, there is every opportunity where you might be delivering a session and difficult issues may arise for the participants or for yourself as a person delivering the heritage workshop.

So to have in place already supervision models that work for your organisation and other mechanisms into which staff can feed into. So within our service, wider service as a communities team, we have our regular team meetings, we have our peer support where we talk to each other about some of the issues that can arise in our sessions for some of the groups that we work with who are very vulnerable groups often and often very poorly groups. And then within our organisation at Tyne & Wear Archives & Museums, we have a staff wellbeing group who support our own wellbeing and mental health. So we have ways and mechanisms to feed into the types of activities that are able, if you wanted to, you've got those groups that are set up within the organisation. However, I will say that there isn't a clinical expertise element to any of that.

And what worries me is that other colleagues who, equally to me, don't have that training are then listening to and supporting a colleague. But then where do they go? This might be triggering for them. So I am over the moon that we have got this mutual agreement with CNTW that they will support us in clinical supervision in more specific appropriate supervision where they are trained and very, very used to dealing with these patients and some of these issues that can come up and have some very good strategies as to how they can manage that as people and be able to go home at the end of the day after their day at work. So sharing that and having somewhere to go with that is I think one of the really positive outcomes of doing the memo of understanding.

Daniel Regan:

Hi, I am Daniel Regan. I'm a visual artist and also the founder and director of an organisation called the Arts and Health Hub. And across my works, I am working in the creative health sector either delivering projects or supporting artists that are working in the sector as well. I think it depends on what your role is and where you sit. So if you are a staff worker from an organisation, there are things that you already have without having to look for external funding and resources that are beneficial, which is being part of a team and feeling part of a team, which is two very different things, being part of a team and feeling part of a team. But as an individual, if you're working with freelancers who often don't feel like a part of a team because they come in, they do their work and then they go off and do another job that way of working can feel really isolating and really detrimental to a freelancer, feeling like a lone worker and just coming in, having this very intense experience within a healthcare environment with potentially challenging and vulnerable participants, but then not having anybody to come back to and debrief with.

So I think it's looking at what does an organisation already have and how can we include freelancers in that, which is as simple as having debriefs, making sure that there's lots of buffer time around the before and after of a session so that people feel that they can speak up if something has been difficult. Or even the acknowledgement that, okay, after a session you might not think that anything has come up, but these are the days that I work and if you want to talk to me because something has come up after the session, please do so. Those sort of explicit invitations to support freelance staff I think are really important because lots of freelancers just say, I don't feel like I can ask for help. I'm not being paid for that time. I just need to come in, do my work and leave. But they leave with the burden of the experience, which is really, really sad.

I think in my NHS role previously we used to have these balance groups, which are a type of supervision, which is really around the emotions that come up for the doctor in relation to the patients that they're seeing. So it's a way to troubleshoot as a group, difficult experiences that have come up. And I think for me, taking that supervision model and implementing that for freelancers has been really important so that it's not that something is wrong with me when I have a difficult experience with a participant, but we walk away and we come with a medical professional and think about what is that that's stirring that up in me because that also enables us to challenge some of our subconscious biases around our own lived experiences or people that person reminds me of and that might impact the way that I treat them, even if not.

Sure. I think when we're working with humans, we are all in relation to one another and difficult things come up. The damage is when we just walk away and we don't do anything about it. So it's about thinking about really clear ways that we can support people. Anything from the gold standard of clinical supervision with a therapist right down to just really clear communication around who you can ask for support in the team, having a debrief, but also again, being person-centered. So one person's request for supervision can be very different from somebody else who wants to read some books around secondary trauma and do some very personal alone work. But if you don't offer that up as an option, lots of people don't know what to ask for. So it's kind of building this toolkit of different types of support that you can offer and making it really clear like this is what we have available to you and if we're not able to cater to what you need, please let us know so that we can try and be responsive and individualised.

Angela Kennedy:

My name is Angela Kennedy and I work with organisations and leaders to create contexts where people can heal and flourish.

Dolores O'Doherty:

My name is Dolores O'Doherty, I'm an occupational therapist from Bede Ward, but I work on the acute male ward.

Angela Kennedy:

I think one of the first things to say is that there used to be this thing called mental health officer status if you worked with people with severe mental illness, and that was where you would get your full pension early in the NHS if you'd worked with people. That was recognition of the strain it can take to witness such horror and suffering in the lives and minds of other people. That was NHS's kind of recognition of that strain. It is real when you are bearing witness to such extreme states of mind that have often emerged from really lots of trauma in people's lives, lots of abuse, lots of disadvantage, where that gets perpetuated by the stigma where you find it hard to hold down a job so you don't have a lot of money, where maybe it makes you do things that you feel ashamed of at times.

That can be really challenging. And I think it's not so much about how we manage our own wellbeing in the face of that, it's what we need to keep us, well, our wellbeing exists in a context and if we feel well supported by our colleagues, that helps. So if we've got somebody who we can sound off to and debrief with even informally, that really helps whether it be with us directly or whether it be in the lives of people who we care about or are friends with. And I think we need to recognise that as well, that we bring our whole selves to work even if we are in a professional role, that we might have a backstory that makes us very motivated to work with people with mental health problems to make the world a better place to contribute to some kind of healing.

But we have to be able to do that collectively and work and conditions are key to that. I think we often forget about that. I often, in my staff wellbeing training, I use this slide and it's like a takeoff of the Bayeux Tapestry, I'm sorry, but it says, have you tried a mindfulness session? I mean, I trained staff in compassionate mind techniques to support their wellbeing, but that doesn't cut it when you haven't got enough staff on the ward, when you've been assaulted, where you've had a suicide and it's under investigation, where somebody who you've worked with a long time’s outcome has not been so good, that doesn't necessarily do it on its own. We need other people. We need good systems and processes around that work and that a lot of it's clarity and there's a quality of leadership that creates those cultures which is relationally based.

So the leaders and the managers need to be paying attention to the kinds of spaces we create, the relational spaces in the physical spaces because that's the context in which we do our work. Have you got any early warning signs that things might be getting under your skin? Because for those of us who work in it, you never quite know when something is going to get under your skin. Most of the time you're in a very professional mindset, but sometimes that can get you right there. And I can think of a couple of examples where when you're working with trauma survivors in particular, there was one woman who I'd been working with for a long time and she told me something, and in that moment I pictured that happening to my child who was the same age, and it was a similar context she was describing and that really upset me.

It got under my skin and I had to ring one of my colleagues and just said, I just need some space to talk this through. That kind of helped. But when something you're lying awake at night thinking about work, when you are maybe avoiding certain places or patients, when you are scared to be as creative in that place as you know you need to be in order to be effective, they're all kind of warning signs that burnout might be creeping up and burnout when it hits, you hit a wall without seeing it coming. And so it's much better to try and nip these things in the bud early.

Dolores O'Doherty:

Quite a lot of the things that Angela says, I could find myself nodding and going, yeah, I totally agree with that. I think that one of the main things is good leadership in our ward. We've got good leadership and the OT leadership as well. So I'm quite lucky because I've got ward leadership and OT leadership, and once you've got the right people in the job and you know that there's something that's maybe not right, the ward has got that feeling where you're feeling unsafe, you're not feeling well, whether it's clinically, there's things going on that's worrying you or personally, if you've got someone you could go to speak to them and you have things in place, then that means a lot. Or trust, I think is really good with mental health and difficulties that you have and they will give you the time and the space and to get yourself ready to do your job again.

I've had times where I've had reduce hours, I've had time off. And I think that's really important for no matter what organisation, whether it's the museums or NHS, you need someone who looks after your wellbeing, not just thinking about, we need the people, we need you to do your job, but look after you as well. Having regular supervision, debriefs, and I think particularly, I suppose it's something I haven't really thought about, but for the likes of your museum staff coming in, there's sometimes you see things on the ward the you won't be used to. We've got patients that can be quite aggressive, abusive, quite manic, difficult to manage, and they're coming into your groups now. We're so used to that, we're used to how to manage them, but it must be so difficult if you're not used to that. And yes, I know Clara when you come in, we were able to say, we've got patients who might be behaving like this and we're going to take the lead on it.

You don't have to do anything, but you're still witnessing that. So maybe one of the things we weren't as good at is if there was any situations like that, giving you time afterwards to talk about it, talk about how you felt about it and how is there anything we could have done to manage it different? So I suppose that's something for both sides to think about because we can go away and talk to your staff about it. And you do get used to it, sadly they say. But yes, it's something for us to think about.

Reece Watson:

My name's Reece Watson. I'm currently working as an occupational therapy assistant on the Fellside & Lowry Ward. However, my experience of working with the heritage boxes came when I was working as an activity facilitator and that was on Bede Ward at St. Nicholas Hospital. So I will say since I've worked with the Trust, which is just over two years now, they've been really supportive for your wellbeing. So you get a monthly supervision, which is just to catch up on how you're doing at work. Anything that you do want to discuss in terms of things that you're struggling with, as well as that just, I've been quite lucky that all the staff that I've worked with, they're just really supportive throughout the day. So you'll always check in on your colleagues, and if it hasn't been a bit more of a testing time on the ward, you'll just check in, ask how people are doing, maybe say, have five minutes, get yourself back together. If it has been quite lively on the ward as well as our psychologists run groups.

So you can pop in there and just discuss any troubles that you have or just speak about if things are doing well as well, because it's not always about bad things. So I would say yeah, it's really supportive through the supervision and support from psychology and just having good colleagues to discuss any troubles with switching off from work just comes in, just gaining a bit more of an experience in your work setting. I think when I was new at the Trust, I probably didn't switch off, but I think it's just a thing of just the nature of the work that you're in. It wouldn't be good for your own mental health if you couldn't switch off when you do finish work. So I think it's, and obviously I've got a supportive partner. She obviously works, she works for CNTW as well in a different setting. So just come together if you have got any worries about the day, just discuss them and get them out and then just try and switch off and have that bit of respite in between.

James Mooney:

My name is James Mooney. I work for the national homeless charity Crisis and Crisis is an organisation that supports people experiencing homelessness. The charity helps directly members out of homelessness, so we support with support needs, housing, social changes that maybe need to solve that as well. So apart from the kind of practical support that the centres do, we also have a campaigning side. We do work with government as well to look at best practice and what legislation can come in to support people. So we kind of do both really. We do the practical hands-on stuff and we do the campaigning and that side of it as well. So we have supervisions, so I have a supervision with my line manager. There's also the opportunity to have a debrief every day with the manager that's on duty. So if you have experienced anything traumatic, then you can go and have that debrief session.

We've got a really good employment assistance programme so that if we want to get any kind of counselling or support around mental health and we don't want it to be associated with work, sometimes it's quite difficult to share to colleagues something traumatic because you don't want to burden them with more trauma as well. So having an independent service that we can talk to and get counselling from is absolutely brilliant. So I think Crisis as an employer has got a really, really great offer of support for staff, especially around dealing with trauma. We have a psychologist at the Newcastle Skylight and who's on hand to help support staff. We have something called reflective practice, so we have that every month and that's an opportunity for a group of staff to come together and talk about some of the frustrations or some of the best. One of the things that we found is there's never time to say good news stories, is there?

It's always, oh, this has happened, this is really bad. And I'm not saying that we shouldn't have those conversations about things that have been traumatic, but being in a room with colleagues where you've got protected time, that's so important. We have that session every month protected. Everyone's expected to go, everyone's not expected to book any appointments for that time. You come together as a group and it's that sharing and it's facilitated by our psychologist and it's a really, really useful session to have in your diary and you feel lighter afterwards because you go, oh, I've unburdened myself, but I haven't just unburdened it to someone, I've unburdened it to a group in a controlled setting that then people aren't going off with trauma attached to it. It's really a fantastic tool to manage mental health at work. So yeah, that's reflective practice. Like I say, we have our supervisions with a line manager, so if there's any issues that you've got, you're able to have those. And then like I say, that just debriefs every day, to have a manager on call that says, look, if anyone has anything going on, come and talk to us. We're here at the end of the day, half-four until five, and you can have this debrief option.

Joe:

So I'm Joe and I work for Recovery Connections. I work for a treatment centre in Gateshead where we run a six month rehab programme in supporting people with substance misuse issues. But staff wellbeing's pretty integral, especially at our place because the health of the team collectively or the dynamic between the sort of staff team that can be reflected into the group that we have in treatment. So if there's a particular cohort of people in rehab, they can be, and actually it can work the other way. The health of the team can sometimes mirror the chaos and crisis and conflict that can be present in the group. So yeah, that stuff for ourselves and we, we'll have daily staff check-ins as a group in the morning to sort of see where we're at individually and what's going on for us. So we all have a good awareness of, yeah, what's going on for each other. The majority of our staff are all, because Recovery Connections is all lived experience organisation, so everyone's in recovery, some in fairly early recovery as well. There's some organisations that will give you a health and wellbeing hour or one hour a week for you to do with what you will. And I guess we try and create a culture in the team where it's pretty open and supportive and people can be themselves, and that's something we value a lot. It's just authenticity and stuff. That openness and honesty I think is probably something that helps a lot.

Alisdair Cameron:

Alisdair Cameron, the day job is co-director of ReCoCo. ReCoCo stands for Recovery College Collective. It's, we sit predominantly in mental health as an organisation. We are run by people with lived experience. That includes myself as co-director and other members of staff. There's lots of things are peer produced. We also interpret mental health broadly, so that covers people who've maybe never had a diagnosis to people who've been in services for umpteen years, and acknowledges all of the crossovers. So there's a lot of people who have also got drug and alcohol issues. Also, a lot of people these days who are acquiring diagnoses around neurodiversity, lots of people with chronic pain and physical health problems as well. So yeah, it's being able to deal with people in the round. I mean, I can't speak to clinical supervision, not a clinician, but I mean I do know that there are various flavours of it depending upon which particular clinical profession people are in and the way they do it.

What we've done at ReCoCo in the past, and it's been helpful, is pulling on favours from the clinical psychologist in this case just to actually have periodic meetings, whole staff meetings, and just like he'd hold the ring and people just talk about what's worrying them, what's bothering them, that sort of thing. And that's helpful. But I'd also suggest, I mean that's still quite a formal approach and I'm very struck by in drug and alcohol services, no, the drug and alcohol system, less so within services in the drug and alcohol system, the 12 step approach. I don't necessarily mean the actual content of the 12 steps because some people, like some people, it's fantastic that it really works for them. Other people, it's kind of bit off putting, but it's the way that they organise themselves into self-contained cells, which are self-sustaining. And everybody within that fellowship looks after each other and they look out for each other. And, but at the same time, if you are travelling somewhere and you think, actually, I could do with a bit of support, and you can drop into the local fellowship, and I think that is a particularly interesting way of doing things. It's very localised and it's everybody on an equal footing sharing their concerns and their advice with each other. I think that's a very successful way of organising.

Nuala Morse:

My name's Nuala Morse. I'm an associate professor in museum studies at the University of Leicester, and I'm really interested in a professional practice of museum workers who are doing work in this broad field of museums and health. So my research has taken different shapes over the years. I've done collaborative work with museums, looking at how we measure the impact and the benefits of creative activities with museum objects in healthcare contexts. And I've also been looking at what are the different skills and competencies that museum professionals need to deliver this work? So thinking about the caring museum professional and what does it mean to do care work with museum collections? We have to recognise that this work comes with a really, or with a potentially high emotional load. And I've experienced it, I suppose, as a researcher. So coming into those spaces alongside museum professionals to look at the work that they do, and you can encounter situations that are really challenging, that can feel incredibly unjust, and where you might feel really powerless actually to help. And I think unpacking all of that, it can be draining. I mean, I've experienced it myself, I suppose, as the researcher alongside on those programmes. I think it's important that we acknowledge that and that we take it really seriously in terms of thinking about what are the workforce needs for this emerging area of work and how should organisations be responding? How should managers be responding? How should the sector be responding?

I did a piece of research as well looking at the experience of delivering this type of work during Covid-19. And what was interesting in that work was that it further magnified those issues, I suppose, because staff were all isolated themselves while trying to support people who were isolated but might be in even in a place of crisis. And we know that Covid-19 affected those with mental health issues and those who are more socially marginalised, even more than others, Covid-19 by and large exacerbated existing health inequalities. And I think we we're still thinking that through, aren't we? We've come out of it, but I think the impacts are still there. I think we need to think really seriously about formal and informal systems of debriefing and support for staff. So in a research process project, if I were to line manage a researcher who is doing this type of work, we would have debrief protocols in place where we could talk about what's happened in the sessions that we could kind of unpack how we felt about what took place.

Sometimes that can be done at a team level. Sometimes we have to think more formally about do we need some form of supervision, which is more likely to be clinical supervision with kind of therapeutic, or a therapist or wellbeing professional’s input to support professional staff. You would see that in the clinical context, you would see that being formalised. So there is practice out there that we should probably seek to replicate in a museum setting. The issue of workforce wellbeing, I think is one that's really at the heart of a lot of the conversations in the museum sector at the moment. So the Museums Association, which is the sector support organisation for museums in the UK, recently published their first workforce wellbeing survey. And some of it makes quite difficult reading. So this will be including all museum staff, not just the kind of professionals that you and I have been talking about in terms of professionals who are working in healthcare contexts. But certainly it suggests that there are issues of low workforce wellbeing across the museum sector. And their report kind of signals or underscores that we need intervention infrastructures of support to develop a healthy workforce. And that might be even more important for those groups, for those individuals and those staff members who are working with vulnerable communities or otherwise marginalised communities.

Zoe Brown:

We'd like to thank all the contributors to this episode of The Practising Mindful Practice podcast series.