

The Crucible of Compassion

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ABSTRACT

The main title of this article is inspired by the 1950s play 'The Crucible' by the American playwright, Arthur Miller. The play explores the nature of contagious feelings and their impact on the safety and well-being of communities along with individuals and an allegory for its day. The theme of contagion is arguably, still a fit for aspects of modern-day cultures and societies including the provision of healthcare.

Keywords: Mental Healthcare Professionals, Repeated Acts of Compassion, Moral Distress, Well-Being.

THE CRUCIBLE

Providing mental health care is reported as an emotionally demanding undertaking and practitioners require regular supervision of their clinical work, as a quality assurance measure. Although to outside eyes psychological therapy and counselling are predominantly invisible undertakings, there are many pressures both emotionally and intellectually for mental health practitioners to balance. Mental health professionals can themselves be touched by stigma - because of their affiliation with vulnerable individuals and groups.

This is an aspect of psychological work that can impact on professional and personal self-esteem with resulting consequences for their own mental health and well-being. There is also a likelihood of failures in compassion towards others because of continued exposure to stressful human interactions. By way of illustration, in recent years, a newspaper article discussed the added difficulties mental health professionals face when themselves experiencing mental ill-health [1].

The article relates to the expectation that mental health professionals should be resilient; self-reliant and immune to personal emotional difficulties, yet acknowledges the traumatic and emotionally challenging nature of their day-to-day work.

The discussion contains personal accounts from experienced mental health nurses and managers.

Each illustrates how working within strict financial regimes and providing care in such ways which are opposed to personal and professional values gives rise to moral distress and often resulting in emotional illness.

The demands of mental health work

With mental health professionals' well-being in mind, The 'New Savoy

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Partnership' survey of psychological therapists' health and well-being reported that:

'...46 per cent of psychological professionals surveyed report depression and 49.5 per cent report feeling they are a failure. One quarter considers they have a long-term, chronic condition and 70 per cent say they are finding their job stressful' [2].

Mental ill-health, experienced by mental health professionals should be viewed as more than an occupational hazard or personal insufficiency and the emotional demands of psychological work recognised.

The report refers to comments made by Jamie Hacker Hughes, who is a professor of mental health and President of the British Psychological Society.

Hacker Hughes believes that:

'Health and wellbeing at work are vital issues which we of all people should be particularly concerned about. ... I have worked in, led and managed NHS services and have seen the effects of stress, overwork, inadequate supervision and consequent burnout [in mental health professionals] at first hand.'

Subsequently, a charter for good mental health in mental health practitioners has been proposed and includes the notion that managers and administrators involved with psychological services have adequate mental health literacy.

There is frequently a dichotomy in mental health provision. Human service requires compassion on the part of the professional. This can come at great cost to personal health as repeated acts of care and professional responsibility can exhaust practitioners.

Professionals' anxiety in relation to their work

Pangs of anxiety can reflect potentially oceanic underlying distress – the origins are typically not completely understood or recognised by professionals experiencing emotional difficulties.

Different and sometimes conflicting organisational cultures can also contribute to a feeling of being personally overwhelmed.

Appropriate support does not require tea and sympathy but a well-informed understanding of the immense emotional demands made of mental health professionals because of their chosen work.

Many mental health professionals contain and attempt to manage often incalculable anxiety from patients, their families and colleagues and yet frequently work in situations of profound inequality in terms of resources.

Sadly, when mental health professionals face their own

inability to continue functioning effectively, the response from service providers, organisations, can sometimes be bureaucratic - compounding feelings of professional distress and failure.

What do we know?

Much of the current debate concerning mental health and well-being does not make a significant contribution to knowledge.

The most superficial examination of the literature will reveal that mental health professionals of all disciplines have discussed mental ill-health concerns for professionals for many years.

Currently, there are initiatives to raise awareness of the prevalence of mental ill-health in society generally.

However, the current celebrity trend towards mental health awareness is possibly in danger of popularising mental ill-health and has the potential to diminish its importance as a serious social concern.

Arguably, society is in a position of orientation or becoming aware and more detailed knowledge of antecedents contributing to mental-ill health is required in order to identify and provide appropriate services.

Burnout, stigma, fatigue, and disenchantment

The literature suggests that the most conscientious of professionals experience burn-out, moral distress, and suffer depression along with other forms of ill-health.

Emotional difficulties may or, in some instances, may not bring about a considerate response from others.

Professional and social networks, which are normally supportive, might distance themselves in various and creative ways.

There is immense potential for professionals to feel shame, hurt, marginalised and patronised in response to their attempts to provide compassionate care to patients and their families.

There is also the issue of stigma by affiliation to vulnerable groups of patients and their families and this can occur in both social and professional settings.

Through their training and work experience, many mental health professionals' develop awareness and sense of perception outside of social and cultural norms and this can place them in a situation of dissonance with all its unhealthy or at least uncomfortable consequences.

Their values and ways of viewing the world can be at odds with family members and social groups and can give rise to feelings of isolation.

Poor and inequitable resources

There are many indicators of how mental health professionals are valued.

Examples include the environment from which they operate, the availability of clinical supervision, which is not target driven, and the organisation providing opportunities to share with others fears, anxieties and the general impact of daily exposure to often extreme events in the lives of others.

It seems apparent, therefore, that if mental health provision to society is to be successful, adequate facilities are required for professionals to carry out their work.

Is it always good to talk?

Despite the current trend to share openly difficulties with personal mental health - no, it is not always good to talk.

Sharing feelings in conversations can arouse deep-seated fears in individuals and requires consistent and fit-for-purpose environments with an assurance that, within appropriate confines, confidentiality will be respected.

Psychological safety is paramount for all if emotional difficulties are to be addressed effectively. While mental health awareness is to be encouraged, addressing concerns requires detailed theoretical and experiential knowledge.

Education and clinical practice

Education and preparation of mental health professionals might helpfully include a learning unit or module concerned with personal mental health and well-being.

In my past experience as an educator to nursing, social work, midwifery, psychotherapy and medicine, this was an aspect of the curriculum left to chance, delegated to student health services or overlooked completely.

An incomplete preparation in that trainee mental health professionals, means that vicarious trauma is possible with health-related consequences because of prolonged exposure to distress in others.

A personal experience

While this discussion refers to relevant literature - and is by no means exhaustive - the methodology draws on my professional experience - working for many years in psychological medicine and throughout virtually all healthcare specialities.

As a university admissions tutor, I interviewed many prospective healthcare students who revealed a critical incident in their lives which acted as a determinant for choosing a particular specialty of healthcare as a professional pathway.

There are often little or no opportunities for trainee

healthcare professionals to understand the underlying motivations for their choice of occupation sometimes at the expense of personal health and well-being - and this should be a concern to all.

In clinical settings, reflective groups concerned with sharing experiences would provide a forum for processing complex human dynamics.

Much of mental health work is obscure and carried out in isolation. Psychological therapists, by way of example, often spend much of their working day alone in varied consulting rooms, sometimes with limited access to colleagues.

There can also be occasions when colleagues of different specialities do not have sufficient knowledge of the complexities of mental health work and this provides added difficulties to carrying out emotional work effectively

This is typically the case with the current IAPT initiative in England - a service providing rapid access to psychological therapy in instances of anxiety and depression.

In a recent guidance document for managers of mental health services, Mind refers to lone working and repetitive exposure to the distress of others as contributing to poor emotional health in mental health professionals.

CONCLUSION

Good mental health is a concern for everyone. Alongside those in need of mental health services, healthcare professionals responsible for providing care also need adequate protection. Communities benefit but also those providing mental health services need to be recognised as making an important contribution to society. It is critical that mental health professionals are acknowledged for their involvement in improving the lives of others.

It needs also to be understood that the personhood of the mental health practitioner is an integrated component of the overall delivery of healthcare and this is a concern which needs to be addressed by governing bodies.

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