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Breakout A: Stigma, staff wellbeing and trauma-informed practice

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Agenda

11.45am	Welcome to the room	Dr Anna Ross, Lecturer, School of Health in Social Science
11.50am	Identifying and preventing burnout in frontline services	Katy MacLeod, Research and Peer Engagement Programme Manager, Scottish Drugs Forum
11.57am	“It's like a battlefield of wounded people” Stigma and Burnout in Scottish Addiction Services	Beata Ciesluk, Doctoral Researcher, PhD Student, University of West of Scotland
12.04pm	Experiences of accessing health and care	Natalie Manly, Recovery Community Development Officer, Scottish Recovery Consortium
12.11pm	Introduction of facilitated group discussions	Dr Anna Ross
12.15pm	Facilitated group discussion	All
12.50pm	Feedback to the room	All
1.00pm	**Close**	

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Identifying and preventing burnout in frontline services

Katy MacLeod

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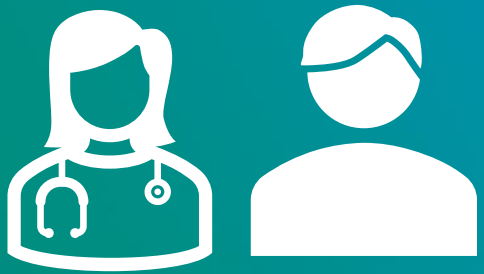
Evaluation sample

Mixed methods evaluation conducted in Dundee city 2023

- Forty staff completed the online staff survey which utilised MBI and AWS validated tools

- Sixteen frontline staff and seven managers/service leads contributed to in depth interviews or focus groups



- Staff from NHS, charity/third sector, Local Authority and grassroot/community led organisation.

Areas of worklife:
Factors which could lead to burnout- workload, control, reward, community, fairness, values

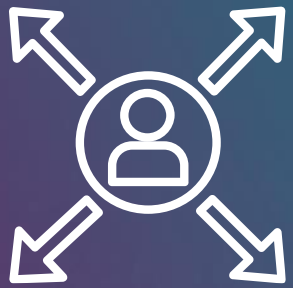
Maslach burnout inventory: emotional exhaustion, depersonalisation/cynicism, personal achievement

NHS staff had consistently low AWS scores, third sector had consistently higher AWS scores, indicating NHS have higher risk of burnout

NHS staff had statistically significant **higher emotional exhaustion** and depersonalisation scores than third sector staff, indicating experience of more frequent burnout

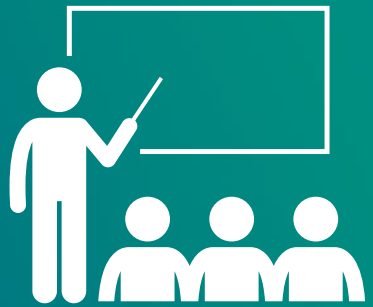
"If you've experienced trauma yourself, you know, and I think a lot of people within our industry have experienced life and perhaps experienced trauma of some sort, and that's kind of what drives a lot of us in to this world of work, you know, because we feel we can empathise, we can relate to others, and we want to use some of that passion, and that care in helping others, it also perhaps makes us more susceptible to burnout as well."

Challenges for the sector



Exposure to DRDs/NFOs
75% (n=30)

High caseload numbers
50% (n=20)



Lack of specalised training
27.5% (n=11)

Lack of specalised service to signpost to
37.5% (n=15)

Recommendations

Caseloads: Urgent need to address staff capacity issues, caseloads and workload

Identification: Regular screening for burnout to identify early warning signs- proQOL

Stigma: Challenge stigma on personal, cultural and structural/societal levels. Shared understanding of remits, better partnership working and communication

Reframing of death prevention, maintenance and crisis work: Balance with drives for seeing progress

Training: Need for training and resources for staff and managers

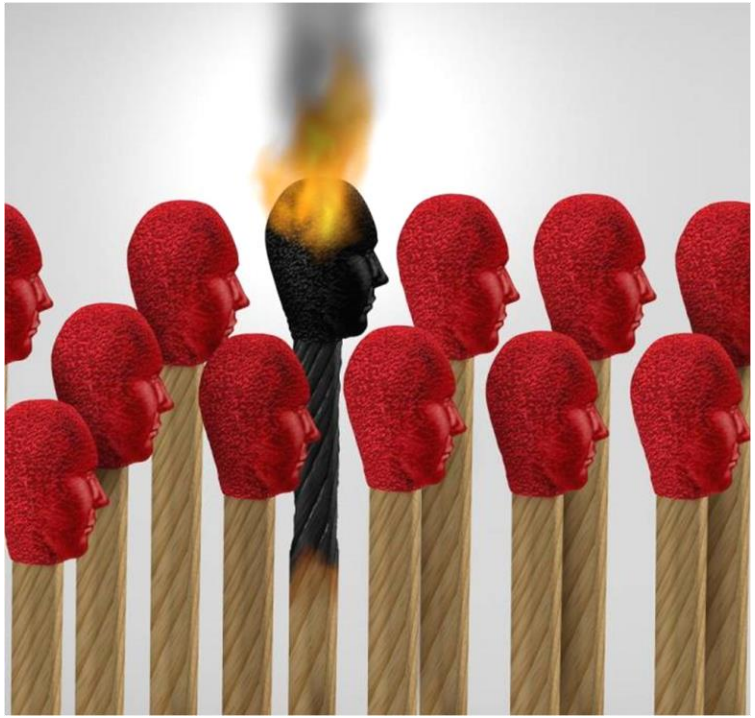
Prevention: At individual and organisational levels. Access to support and time off when needed- including structured debriefing and follow up. Positive organisational cultures and management support centred around collective care

Communication of the National Drugs Mission: Celebrate retention in treatment and prevention of DRDs

"The psychologists come in and do reflective practice sessions with the staff once a month, because we've got that link, we can just phone them, discuss a client, discuss a possible referral, they're really, really supportive…"

Thoughts on identification and prevention

- Routine screening built into staff development and support
- Self care and collective care
- Trauma informed and positive organisational culture
- Supervision and reflective practice- external, clinical and peer
- Structured de-brief and compassionate leave process for loss/vicarious trauma
- Realistic maximum caseloads/balanced with complexity
- Compassion satisfaction
- Protected time
- Flexible working



Responding to burnout

Service responses:

- Crisis support for NFO/DRDs
- Consistent access to workplace counselling
- Longer term and specialist options-part funded/subsidised private?
- Mental health days
- Creating culture

Staff responses:

- Intentional Avoidance and Focus: Switching off and switching on/Tuning out and Tuning In
- Developing support network
- Boundaries
- Grounding, breathing, mindfulness, movement
- Sleep and nutrition

Thank you!

Burnout report

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"It's like a battlefield of wounded people"

Stigma and Burnout in Scottish Addiction Services

Beata Ciesluk, Dr Adrian Parke, Dr Greig Inglis, Dr Lucy J Troup
Division of Psychology, School of Education and Social Sciences, University of the West of Scotland

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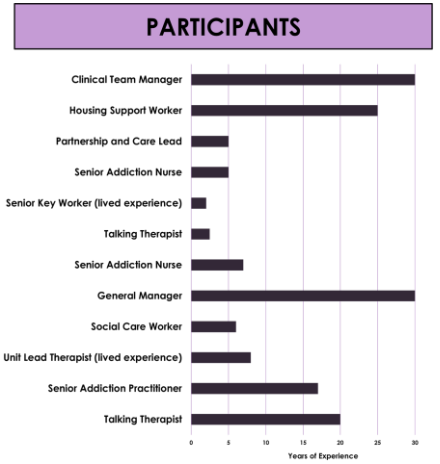
What did we do?

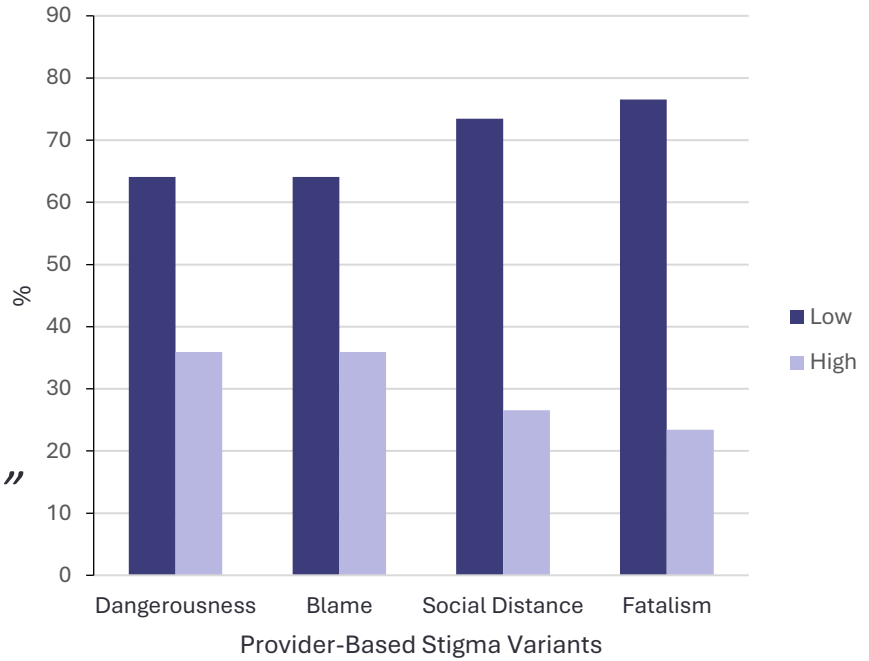
Cross Sectional Survey → **64 Addiction Treatment Providers** working in Scotland → Investigated treatment barriers, **provider-based stigma, burnout, job satifaction** and more. Results from this survey helped desgin next phase → **Semi- Structured Interviews** → **12 Addiction Treatment Providers** working in Scotland → Explored addiction treatment providers perspectives on treatment barriers, stigma, provider-client relationship, **staff burnout, staff wellbeing**

Today's Focus
Stigma, Burnout, Staff Wellbeing



"It's like a battlefield of wounded people" – Stigma in frontline services

- *Stigma and discrimination continues to shape client engagement and recovery*
- **30%** of treatment providers still hold stigmatising beliefs:
  - Clients are *"dangerous"*
  - Clients are *"to blame for their condition"*
- Stigma strongest in **health-sector settings**
- Health & Social Care Partnerships – **fear of being treated the same across services**



"It's like a battlefield of wounded people" – Stigma in frontline services

"One guy said he is prescribed insulin but due to his history with addiction he's not prescribed the insulin needles"…he said "I've got old needles…I used them to the point they break"…"3-4 months he's been trying to get these needles sorted, he said "I won't bother phoning the GP cause all these barriers…they don't like me; I don't like them"

(Partnership and Care Lead, 5yrs)

"she was like that: *"I just won't go. I just want to go and pick up a few prescriptions because as soon as I'm up there, I either have to go into the GP or the chemist and I'm treated, really poorly, so, I'll just do without my repeat prescription"*

(Partnership and Care Lead 5yrs)

"It's like a battlefield of wounded people" – Stigma in frontline services

"…you've got to go to the chemist; there are lots of stories of the way they've been treated. The embarrassment, feeling disrespected, looked down upon, and not just by the staff but also by people that are waiting…"

(Talking Therapist, 20yrs)

"when they go to services…they think that everybody in the NHS is going to treat them the same. My work is Health and Social Care Partnership…So, they think that anybody that works with the NHS is going to treat them with not much respect"

(Senior Addiction Nurse, 7 yrs)

"It's like a battlefield of wounded people" – Stigma in frontline services

- *Stigma exists within addiction sectors*
- *Not all workers agree with harm reduction services, or adopting client-centered care*
- *This causes clients to miss out on appropriate service, or feel judged and misunderstood*
- *Shows joined-up working is still not translating to inclusive care*

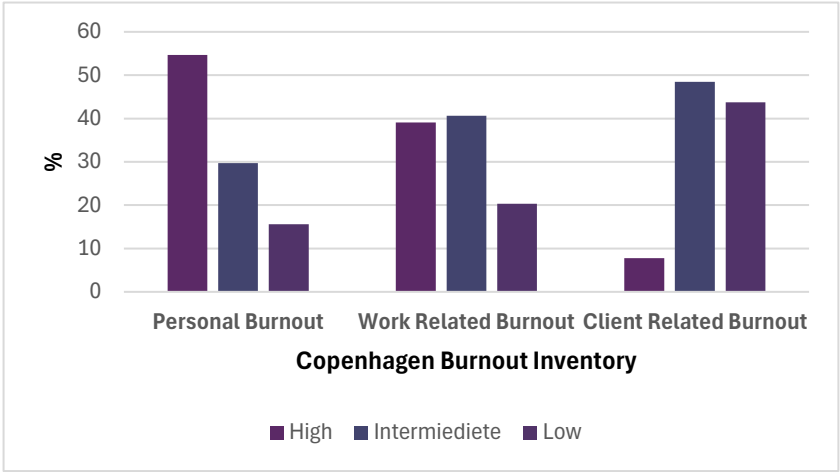
"It's about a whole system change; it doesn't matter how much us as a service tries to be person centred if other services are still service centred and they have exclusions then we're constantly fighting a battle to overcome that"

(Clinical Team Manager, 30yrs)

"It's like a battlefield of wounded people" – Burnout

"if you're not looking after your staff, then the staff are gonna struggle"

- *Burnout is high, especially related to* ***workload and personal issues***
- *Poor referral pathways from funding and collaboration issues*
- *Staff wellbeing framed* ***as individual responsibility****, but clearly* ***rooted in the pressure and poor system structure***



"I've seen the burnout with getting someone into services… they are hit with barriers or no spaces or, real lack of funding on things…it's all the endemic stuff, rather than the actual burn out for care and support for the people…"

(Partnership and Care Lead, 5yrs)

"I think it's our responsibility as professionals, healthcare workers, it's our responsibility to make sure we're looking after us"

(Talking Therapist, 20yrs)

Moving from the “battlefield” to proactive care

What is needed?

- Tackling stigma at partnership level
- Client-centred care in all services
- Accountability in services and systems
- A shift to support and structure
- Involving lived experience voices

“We should be all working together, we all have a role to play”

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Experiences of accessing health and care

Natalie Manly, Recovery Community Development Officer, Scottish Recovery Consortium

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Group discussion