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WOUNDED HEALER

Clare Gerada: A problem shared

Clare Gerada *GP partner*

The mental health of the NHS workforce was a cause for concern even before the pandemic. Workload is a major contributor, as is the feeling of not belonging. Doctors describe feeling more like itinerant workers than valued members of a team. We hear of distressed trainees, passing through programmes without their consultants even knowing their name. Or of professional loneliness as peripatetic working makes it hard to meet colleagues.

Covid-19 has highlighted the importance of staff's psychological needs, particularly if we expect them to attend to the needs of their own patients. Since March 2020, new services have been introduced for preventing and treating poor mental health. These are welcomed. One such intervention has been groups—therapeutic spaces where people can come together to support each other. These can be Balint groups, reflective practice, Schwartz rounds, narrative based practice, group analytics. To get the most value from them they should be facilitated and confidential, with the content led by members.

Groups are where people meet for a common therapeutic purpose or to achieve a common goal—and here the goal is to allow for space and time, in an atmosphere of support and hope, to talk about the emotional impact of work. Groups provide spaces for people not to feel alone and to share in the universality experienced by members as they see themselves in others, as well as the chance to develop insight through new relationships. They also provide connectivity and community, which is important in a profession that works so closely with death, despair, and disability.

I am medical director of NHS Practitioner Health, which has provided groups for doctors since before the pandemic, and these have since expanded and moved online.¹ We have run more than 300 groups of varying sizes, from large webinars to daily drop-in common rooms. We offer closed and open groups, single and recurring events. Some are time limited, others ongoing. More than 12 000 people have participated. When asked why they have attended, answers include feeling that they had nowhere to go, feeling defeated by work, and being overwhelmed by their (perceived) failure at becoming unwell or the shame of not coping. Some—especially those unable to work, perhaps through shielding—want to see the possibility of a better outcome to their life.

For those with mental illness, joining a group of people struggling with similar problems allows each person to witness change in others, while having their own improvements acknowledged and celebrated. Through this process, hope begins to emerge. Belonging to a group helps doctors to move

from professional to patient, to accept the patient role, and to seek further help if needed.

If we're to learn one thing from covid-19, it must be that all health and care staff should have access to a group to talk about work, to receive and give support, and to normalise rather than catastrophise their distress—and, in time, to reduce the burden of mental illness on those who care for us.

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Clare Gerada is chair of Doctors in Distress and medical director of NHS Practitioner Health. Her book, *Beneath the White Coat: Doctors, their Minds and Mental Health*, is published by Routledge and can be purchased at <https://www.routledge.com/Beneath-the-White-Coat-Doctors-Their-Minds-and-Mental-Health/Gerada/p/book/9781138499737>. All royalties will be donated to Doctors in Distress.

1 NHS Practitioner Health. <https://www.practitionerhealth.nhs.uk/>.