ResetEthics
THE MORAL HARM PROJECT

SCENARIO 3 - Mental health support worker

Content warning

Please be aware the following scenario depicts events that may cause upset or distress. This includes experiences of racism, the use of containment practices on an in-patient on a mental health ward, and the emotional and moral harm this causes for staff. Please take the necessary steps for your emotional safety when engaging with this scenario and related discussions.

Context

A support worker from a minoritised ethnic background has been working in inpatient mental health care for a few years. They decided to pursue this career due to a desire for a role supporting people through connection, care, and empathy at a difficult time in their lives. In a previous role in a different mental health service the support worker had experienced an incident where they had challenged what had happened but, because policy and process had been followed, their concerns had been dismissed. Following this, they had not felt particularly valued and increasingly found the wards to be a difficult place to work. As a result, they had decided to transfer out of that service.

In this new role, they received the Trust's mandatory training before starting inpatient work. But their role requires particular skills in navigating relationships with patients with complex presentations, and they feel role-specific training should have been provided. Their current role entails working on a low-secure ward. Patients need permission to leave the unit, and not all patients have this. Most of the role involves being on the ward. Due to staff sickness and shortages, there is currently a reliance on bank and agency staff. In this context the qualified nursing staff are often very busy with office-based work, meaning it is mostly other support workers, bank, and agency staff who work with patients in the ward's communal areas.

Scenario

The Trust has a no smoking policy but patients on the wards are provided with vapes. The vaping policy allows patients to vape in their own rooms, but not in communal areas. Lots of staff don't agree with this policy, feeling it is unfair and that the smoke-free hospital policy doesn't consider a patient's individual right to choose, especially when they are detained for inpatient care. The Trust has emphasised that staff need to ensure that rules are being enforced in-line with the policy. Staff have recently received a communication to remind them of this.

On shift, a patient was vaping in a quiet communal space, leading the support worker to feel obliged to challenge this in line with the policy. The patient's response was verbally abusive. Using offensive and racist language, the patient aggressively approached the

support worker. A fairly new bank worker witnessed the event and called for support, leading to the patient being restrained. During the incident a staff member was injured and had to go home early. Colleagues on the ward suggested that, if the support worker had just turned a blind eye to the vaping, then none of this would have happened.

Following this incident, the support worker is feeling alone and isolated, both in work and at home, where they are a single parent. They feel that there is too much restrictive practice on the ward, and that the support worker role feels more like containment than the therapeutic work which had attracted them to the job. They also feel the impact of sickness absence on team cohesion, with several colleagues that they would usually rely on not being in work. The support worker recognises the value of working alongside, and feeling supported by, people you know well. When the staff team is close knit, patients tend to be supported in ways that avoid restrictive practice. Without these long-term supportive working relationships, staff are feeling more anxious, leading to a sense amongst staff that they are less safe on the wards because they don't know each other, or the patients, well enough. This is leading to an increased use of restrictions and restraints in a way that feels untherapeutic and unethical, and about which the support worker feels professionally uncomfortable.

Coming from a minoritised ethnic background, the support worker finds it particularly difficult to hear patients using racist language, which makes them feel even more unsafe. This is compounded when such language is not challenged by colleagues, no action is taken, and the situation isn't addressed. Whilst they feel they would like to speak up to nursing staff, the support worker struggles to advocate for themselves, and for patients on the ward. They haven't been able to access any reflective practice sessions to share these feelings, as they have had to stay on the ward to enable other colleagues to attend. The support worker feels, when they have made effort to raise their concerns, that these have been dismissed. Their sense is that colleagues and managers see restrictive practices, racism, and other common incidents on the ward as 'just part of the job'.

This is leading the support worker to feel drained and exhausted, detaching from their own feelings when they are especially tired. They are feeling increasingly isolated from colleagues, emotionally numb and reluctant to engage with the patients in the way they used to enjoy. This part of the job used to leave a sense of satisfaction from being able to connect with and support patients in their recovery. Currently, the support worker feels unable to discuss how they are feeling with colleagues or managers, or with friends. With no one to talk to about what is going on at work or at home, they are feeling increasingly isolated and distressed. When they arrive home, they feel drained and exhausted, and have noticed they are being increasingly distant with their children, which makes them feel guilty and inadequate.

The support worker is feeling more and more worried about incidents potentially happening on the ward, and that this is fuelling more restrictive practices with patients,

in stark contrast to the flexibility and compassion they were previously able to show. The cumulative effect of these everyday experiences and incidents is starting to feel too much to manage day in, day out. They are starting to want to stay home from work. Having experienced something similar in their previous role, they are questioning whether it is different in any of these roles, and what they are doing in this profession? After all, they had gone into mental health work to help support people, but too often they are feeling so compromised that support is not something they are abled to provide.