RCGP LEARNING

Traumatic events in primary care

Welcome to the RCGP's 5 minutes to change your practice screencast about Traumatic events in primary care, written by Dr Dirk Pilat and narrated by Dr Jonathan Leach.

Things ain't easy

A career in general practice can be immensely rewarding: our ability to understand the multiple conditions our patients might have within their social and domestic context are widely respected and for most of our patients we are a one-stop shop for all their health- and often social problems. However, working at the heart of the community and serving those living within can also be tough and at times desperately sad. Many of us approach our vocation with a great deal of zeal, enduring lost sleep, family strain, disregard for personal health, and a multitude of other challenges. These factors cause us to have a higher risk of anxiety, depression, substance abuse and suicide compared with the rest of the population and can have an adverse effect on our physical and mental well-being.

The COVID-19 pandemic and its sequelae have brought the health of the primary care team into sharp focus: while we are all trying to remain calm and positive, the constant worry about our own and our colleagues' health, the COVID-19 related gaps in our workforce and the fear of an atrocious winter can challenge even those with the most of sunny of dispositions. Add to this a secondary care backlog, and a hostile media accusing us of dereliction of duty during the pandemic, and it's no wonder that some of us feel more distressed than usual.

Trauma and morally injurious events

The pandemic has taken a heavy toll on the workforce that was already struggling: before COVID-19, studies examining the PTSD rates among emergency medicine and other hospital practitioners found the numbers to be around 12-13%, which is higher than in the general population. Recent papers, tracking the psychological health of healthcare personnel, showed a much higher incidence of severe levels of emotional exhaustion and depersonalisation during the pandemic. This risks both negative physical and psychological consequences. For those of us who have been involved in morally

injurious or traumatic events in or out of the workplace, it is important to realise that we are not immune to stress, anxiety, depressive and trauma-related disorders, insomnia as well as addictive and risk-taking behaviours. Morally injurious events are defined as the profound psychological distress which results from actions, or the lack of them, which violate one's moral or ethical code. Not all morally injurious events lead to post traumatic stress disorder, but both begin with a traumatic event, causing guilt, shame, feelings of loss and loss of trust. For those of us experiencing these feelings, it might be difficult share them with our colleagues and workmates.

Supporting your colleagues

As frontline staff we should be aware of the possibility of being exposed to traumatic or morally injurious events. A discussion with all members of the practice team might help support psychological preparedness and allow colleagues to understand some of the inevitable distress that working in difficult circumstances could trigger. Encouraging staff to seek support from trained managers, colleagues or helplines early on can be beneficial and there is good evidence that social support is generally protective for mental health. Occasional reflective practice sessions can also help prevent moral injurious events from causing persisting moral injury or PTSD. Many clinical commissioning groups have set up a helpline for frontline staff with psychological issues, and the details are certainly worth distributing these to all staff members, however these should be seen as supplementing, not replacing good collegial support within teams.

If we are being approached by a team member with concerns about their psychological symptoms due trauma, it is important to remember that the so-called 'normal' response can vary considerably: some of us will develop a marked reaction that resolves over a few weeks, while others have no or very little symptoms. Gently enquire about feeling of guilt and shame that might have accumulated during the period of stress or trauma: avoiding discussion about these can lead to poorer outcomes. If symptoms last longer than a month, and are not much decreasing at that point, it is more likely that they will develop post-traumatic stress disorder. Encourage them to contact their GP, their local practitioners health team or the NHS Practitioner Health website, which lists services not only for doctors but the whole workforce. There are also some national support options available on the NHS People website

Above all, be empathetic and understanding. Many of us are demoralised, upset and have to gather our last bit of resilience before we go to work. A kind word and some compassion can go a long way.