Exploring the impact that service users have on the psychological wellbeing of mental health support workers.

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A dissertation submitted to Auckland University of Technology in partial fulfilment of the requirements for the degree of Bachelor of Health Science Honours (BHSc Hons) in Psychology

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Department of Psychology

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ATTESTATION OF AUTHORSHIP

"I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning."

Signed:

Name: Jonathan Miller

Date: 24/11/2022

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Auckland University of Technology Ethics Committee (AUTEC) was completed (Approval on 5 August 2021, reference number 21/219, see Appendix D)

ABSTRACT

Despite contributing 33% of the adult mental health workforce, support workers have a dearth of academic research supporting them. Working in the field of mental health you are more likely to experience burnout, compassion fatigue, secondary traumatic stress, and vicarious trauma. The effects of this leads to poor job satisfaction, higher turnover of staff and a negative impact on wellbeing of workers. The aim of this research is to contribute towards the small body of literature that focuses on the support worker role. Specifically exploring the impact that service users have on the psychological wellbeing of mental health support workers.

A qualitative descriptive methodology was adopted to research this topic. Reflexive thematic analysis was used to analyse the data. Findings suggested that service users influenced the wellbeing of support workers, but the level of impact was affected by a variety of factors. One factor was the idea of the participants needing to know their limits in both the professional role but also their emotional capacity. They also described the importance of needing a wellbeing plan as though it was an essential job requirement. An additional factor was maintaining healthy boundaries which the participants described as only being learnt from experience, not from professional training. They also shared the psychological struggles of the role and that despite their best efforts work still manages to come home with them. Participants brought up varying situations about how it affected their life that echoes symptoms of the psychological issues discussed earlier. However, despite this the participants never spoke negatively about the service users, acknowledging that service users were unwell when the support workers received abuse from them. This hopeful lens highlights the importance and hope that support workers can bring to the adult mental health sector and further research should be conducted to support them.

INTRODUCTION

Support Worker history

The role of a support worker has been around in society for a long time, someone to walk alongside and provide support when people need help to pick themselves back up. However, the formal title of support worker has only arisen from the 1990s where the institutionalised practice of adults with mental health was disestablished and a community-based practice was established. Overtime the role grew in its significance with the development of consistent expectations of a support worker and a formal qualification being constructed in the level 4 qualification in 1998.

The definition of what a support worker is has changed over the years due to the expansiveness and breadth of the work that they do. Pace (2009) argues that the role is not very well defined and that they are doing jobs outside of their job description. Pace (2009) discusses the benefit of this ambiguity of the definition as it allows the support worker to operate in areas that are outside of other registered professionals scopes of practice. Hennessy (2015) also supports this notion with the benefits around not being fully defined. However, they also raise the concern about an identity crisis for the support worker in finding their role in the mental health sector. This has led to a categorisation of support workers as 'para-professionals' that look to fill in the gaps in service needs in the mental health sector.

Discussions have been had over the years about creating a formalised registry body in order to recognise the importance of the support worker and lift it up in comparison to other registered health professionals (e.g. Nurses, Social Workers, Occupational Therapists) (Ranui et al., 2018). However, no such formal registration body has eventuated yet. Taylor (2015) discusses the impact of being unregistered in their qualitative study. Their findings shared that they were viewed with lesser value due to low wages and a lack of professionalisation.

Going further to say this led to less professional training in a very emotionally demanding occupation.

In 2017 a pay equity bill was accepted by the New Zealand parliament called the Carers and Support Workers Pay Equity Bill of 2017 (Ministry of Health, 2020). This law looked to boost the minimum pay for support carers in the wider health industry. Initially mental health support workers were not included but after formal legal proceedings were brought forward in 2018, they were added into the Pay Equity Bill. With this inclusion a legal expectation was placed around the role in relation to the employer and the employee, expectations around pay and attaining a level 4 qualification that must be supported by the employing organisation. This law change appears to alleviate the issue of low wages that was highlighted in (Taylor, 2015). Through this change, mental health support workers are becoming elevated in their status and legal standing amongst other mental health professionals.

Mental health prevalence in New Zealand

Mental health and wellbeing is an important part of the overall health of people in Aotearoa New Zealand. Mental health affects a large number of New Zealanders. 1 in 5 adults aged 15 years and over are diagnosed with a mood or anxiety disorder (Wilson & Nicolson, 2020). Reports show that 78% of people know someone experiencing mental distress (either themselves or someone close to them). They report that New Zealanders with high levels of mental distress is trending upwards. They also note that there is an increase amongst young people (aged 15-24) experiencing significant mental distress (Ministry of Health, 2022). Ministry of Health (2022) also state that there has been an increase in an unmet need for professional mental health support across the sector. These statistics reinforce the importance of ensuring a well-equipped mental health workforce that can handle an increasing workload.

Impact of psychological work on health professionals

Burnout

Burnout has been defined a multitude of ways but researchers have approached a multidimensional view on it that encompasses three dimensions: Reduced personal accomplishment, emotional exhaustion and depersonalisation (Maslach et al., 2001). People who work in mental health services have been reported as having a high risk of developing mental health symptoms and high work stress, above those in other occupations (Bride et al., 2016).

Holmqvist and Jeanneau (2006) discuss the impact that burnout has on psychiatric staff's feelings towards patients. They found that as staff experienced symptoms of burnout, their view became more negative towards their patients. They highlight a strong need to for mental health organisations to support their staff in managing burnout less they experience a higher resignation and turnover.

Morse et al. (2012) conducted a systematic review of burnout and found that it is associated with a variety of negative conditions at the organisation, individual and quality of the services provided. However, they criticise the current studies in their limitations for preceding factors that may influence the burnout potential in mental health staff. For example, a staff member having underlying anxiety that could manifest higher levels of burnout.

Secondary traumatic stress

Secondary traumatic stress (STS) is the behavioural and emotional consequences of exposure to traumatic events experienced by significant others (Leung et al., 2022). It is often used interchangeably with the term Compassion Fatigue (CF), however it differs in that STS is exclusive to traumatic events and CF is accumulative over time.

Figley (1995) developed the concept of compassion fatigue (CF) to recognise the collection of symptoms often experienced by those who worked in helping services to victims of traumatic events. It is often used interchangeable with STS and is similar to burnout. However, it differs from burnout in that it entails symptoms similar to PTSD and is created by close contact and emotional engagement with traumatised individuals (Bride et al., 2016) (Figley, 2002)

Clark et al. (2022) discuss various factors that hinder CF. High levels of social support, emotion management, emotional intelligence and adaptive coping strategies were negatively associated with CF. Another study by Smith and Hanna (2021) found that high levels of wellness and resilience were associated with lower levels of compassion fatigue.

Vicarious trauma

Vicarious Trauma (VT) is a cumulative process that occurs from working with traumatised service users (Pearlman & Saakvitne, 1995). People who have experienced trauma go through changes in their systems of meaning and their beliefs. It is through repeated exposure and support of these individuals that support workers become vicariously exposed to this trauma, which in turn can lead to their own world beliefs and systems of meaning being negatively affected (McCann & Pearlman, 1990).

Justification of the current study

The mental health workforce in Aotearoa New Zealand has been described as at breaking point (Brown et al., 2006). As more research is conducted specifically for Aotearoa New Zealand, better progress can be made in helping the workforce here.

Support Workers make up a third of the adult mental health work force (Te Pou o te Whakaaro Nui, 2014). The rest of the workforce is made up of Nurses who have about a third of the FTEs, followed by Allied Health workforce consisting of other registered health practitioners as per the Health Practitioners Competency Assurance Act, 2003. Support workers also form a significant portion of the addictions workforce, alongside the growing inclusion of support workers operating in the primary care level.

Research around burnout, STS and VC has been focused on the registered health workforce as they work closely with individuals who have experienced trauma. Paris and Hoge (2010) state plainly that the mental health field needs to build a more robust knowledge base about the causes, effects, and prevalence of burnout in this field. These topics are relevant to research as they occur more often when supporting people who have experienced these events. However, there has not been an equivalent amount of research conducted in support of Mental Health Support Workers. They make up a significant portion of the workforce yet are underrepresented in academic research whilst being exposed to the same level of risk as other health practitioners. Therefore, the current research aims to contribute to the body of research specifically focused on mental health support workers.

The aim is to explore the impact that service users have on the psychological wellbeing of mental health support workers. The psychological issues of burnout, STS and VC will be focused on to guide the questions and intent of the research. Support workers engage with service users that can be at varying levels of acuteness so a larger NGO that operates in multiple areas will be approached for this research. NGOs represent the largest employer of support workers (Te Pou o te Whakaaro Nui, 2014) and thus will be focused on. This study will aim to provide an exploration into how support workers engage with service users and what potential impact this can have on their wellbeing.

METHODOLOGY

Methodological Approach

The aim of this research is to provide a unique account of support workers and how they are impacted in the adult mental health sector. Therefore, a qualitative approach was considered to be the best methodology due to the exploratory nature of the research question.

Qualitative description is described as an approach that seeks to discover the views of the people involved (Bradshaw et al., 2017). This inductive approach suits the research question as only a surface level of research is required to then become an idea for future research. Sullivan-Bolyai et al. (2005) make an argument for the use of qualitative description in healthcare to help create a platform for more extensive and focused inquiry on specific outcomes. Therefore, looking to create a platform in this topic which has little research is justified using this methodology.

(Sandelowski, 2000; Sandelowski, 2010) argues that qualitative descriptive is suitable for junior health researchers, which the primary health researcher is categorised as, stating that it is more relative to their ability, reducing the range of skillsets required to accurately stay within this methodology. This approach subsequently increases rigour and validity by keeping the method within the capability of the researcher.

Bradshaw et al. (2017) lays out philosophical underpinnings of the qualitative description approach: that the research takes an inductive approach; is subjective and recognizes the subjectivity of the experience of the participant but also the researcher; and designed to develop an understanding and description of the phenomena. That the researcher is active in the research process and that an emic stance is taken where the words of the participants is the starting point but acknowledges the researcher's subjectivity.

Reflexivity

As part of the interpretive research paradigm, it is deemed naïve to think that the researcher's biases will not affect results and interpretation. As part of acknowledging and accepting this core concept I discuss my own reflexivity relating to the chosen topic and how my experiences directly impacted my views of the research.

I have previously worked as a support worker in the adult mental health sector. During this period, I supported a wide variety of individuals who had suffered extreme traumatic events, not only in their past but also whilst I was in the middle of supporting them. In my early years in this role, I began to show symptoms of burnout and it was my manager that pointed this out to me. I took some leave, recovered, and returned to work. From this experience I began to notice that it wasn't just me showing these symptoms. I noticed that my colleagues, even those who were more experienced and senior, were showing these symptoms too.

There appeared to be this unwritten resilience check that you either had or you didn't have in this work. I saw colleagues experience burnout who resigned in less than three months or endured and remained in the role. Eventually I learnt how to manage my work challenges and support service users who had been through their own traumatic events. It is from this experience that my curiosity and attention was drawn to the effect that this work has on its work force.

As support workers we were different to the clinical workforce that we worked alongside. We only had basic qualifications and the peers around us, whereas clinicians had formal registrations and corporate bodies to consult with. This distinct lack of corporate identity led me to explore the academic research focusing on support workers and found that there was hardly any research conducted specifically for them. Combining this with my personal experiences with burnout, secondary traumatic stress, compassion fatigue and vicarious trauma led me to want to give back to support workers with research that supports them.

METHOD

Recruitment

Participants were recruited through a variety of methods including poster drops, word of mouth, and an email sent to support workers in the Auckland Region. However, the beginning of recruitment coincided with Auckland going into lockdown due to the Covid-19 Pandemic which hindered recruitment and lead to the initial recruitment phase being ineffective. Due to this setback, snowball sampling was utilised to seek out more participants. Subsequently eight participants were recruited and interviewed.

Participants

Participants had to be employed full-time at the participating Auckland based mental health organisation. Full-time was defined as working 30 or more hours within one week. The Auckland region was specified due to the organisation operating in other parts of New Zealand that were inaccessible to the researcher.

Eight support workers volunteered their time to participate in a one-hour interview. A diverse range of ethnicities were identified amongst the participants. Five females and three males were interviewed. Time worked in the industry ranged from 6 months to more than 30 years. Formal qualifications ranged from Level 4 Certificates to Level 9 Masters degrees. Participant work history included mobile community support, home care support, respite care support, and residential support. There was a mixture of short term (few days) to mid-term (4 to 12 weeks) and long term (12+ weeks) support services provided. Weekly service user caseloads varied from 10 to 25 per week, and the participants described their cases as incredibly broad and varied.

Data collection

All interviews were conducted via the online platform Zoom. Cameras and microphones were used to maximise personal interaction between participant and interviewer. It is recognised that in-person interviews may have produced richer compared to online zoom calls. The primary plan was to conduct the interviews in person at AUT South Campus in Auckland, however, due to the sudden lockdown restrictions caused by the Covid-19 Pandemic, the secondary plan of interviewing online was used. The researcher recognises that this was a unique period of time with lockdowns amongst the Covid-19 Pandemic and that the support workers may have been under extra duress.

Information was provided before the interviews commenced; questions were answered in relation to the interview process. Full consent was obtained verbally, digitally and written amongst the limitations of digital only interaction. Consent was obtained prior to recording the interview with the participants. Recording was completed using the Zoom platform, the recordings were then transcribed word for word and were deleted upon completion of the transcripts.

Due to a poor internet connection with one participant the interview got interrupted a number of times. Out of respect for the participant giving up their time to be interviewed the primary researcher continued on with the interview. However, due to significant portions of the data being inaudible and unable to be transcribed, this data set was not used in the data analysis.

A semi structured interview was chosen as the method of data collection, with the interview schedule presented in Appendix E. Sandelowski (2010) describes semi structured interviews as appropriate for qualitative descriptive research.

Method of analysis

The method of analysis was Braun and Clarke (2006) reflexive thematic analysis. This method was chosen as it works at exploring experiences of people and describing what they have experienced. This aligns with the targeted research question around exploring experiences of support workers. Braun and Clarke (2006) highlight 6 key steps to conducting a reflexive thematic analysis.

Step one is about familiarising yourself with the data which includes listening, reading, and watching the data. This step was completed as the primary researcher conducted the interviews, transcribed them, and read through each data set. Interesting points were noted down as the familiarising went on, particularly common themes that were found across the whole data set.

Step two is generating the initial codes. This step is very systematic, treating all data as equal and going through it all step by step. An inductive approach was taken so as to create ideas from the data, rather than going in seeking to find answers to questions. However, it is noted that references to the research question and topic were kept in mind when doing this. They also described two different types of codes, Semantic and Latent codes. The primary approach was to create semantic codes to describe the participants experiences, however, some latent codes were included as well when it was deemed appropriate.

Step three is about constructing initial themes, consisting of a prototype phase where some themes may not end up as final themes. Common codes are put together and often ‘promoted’ to theme status and grouped together. At this point key ideas start to emerge and a narrative starts to develop.

Step four is about reviewing the themes and checking them against the data set to make sure they are consistent. This step became evident in the research as a significant theme initially identified only came from 2 participants data sets, so it was re-evaluated and removed. The primary researcher shared with the secondary researcher about the validity of these themes to verify they were relevant and explained the data.

Step five is defining and naming the themes. Braun et al. (2018) describe this stage as providing a clear definition and description of each theme produced up to this point. If a theme cannot be clearly defined or is too broad, then they advise returning to Step four for further review. They emphasise the importance of telling an overarching story of the data. This became evident as three of the final themes related to one key area, however, another theme helped supplement these themes from a different angle.

Step six is about producing the report. At this point reflection back to the initial research aims to make sure that the themes answer the research question and remain close to the data. A key point is the practice of being reflexive, such as changing the order of themes to better suit the report produced.

Ethical Considerations

Participant safety was of concern and upheld via approval with an ethical application to the Auckland University of Technology Ethics Committee (AUTEC: 21/219). This was completed and approved. An information sheet was provided alongside the consent form so that potential participants could read and understand exactly what was going to happen in the process and how their information was going to be respected.

Due to the interview questions being based around interactions with service users, it was assured that information arising that may breach the Privacy Act was redacted from the transcript. This option was available to participants but did not need to be utilised.

Pseudonyms were provided to the participants to provide anonymity in the interview due to possible topics of discussion relating to work politics, colleagues, and other potential reputational concerns. Other potential personally identifying information was also removed from the data to protect participant anonymity. The information sheet also outlined the need to break confidentiality should disclosure of illegal activity or risk of suicide be mentioned. Participants have also been offered counselling should they need it via AUT Student Health Services.

RESULTS

Four themes were created to describe and identify the common experiences extracted from the narratives. The four themes and their subthemes are listed below in **Table 1**. Each theme is further elaborated upon with quotes to illustrate the core concept that has been identified. The names of participants have been replaced with pseudonyms to protect their identities.

Table 1

Summary of themes and sub-themes

Themes	**Sub-themes**
Knowing your limits	Call for help when you need it
	The benefits and dangers of lived experience
	Maintaining a wellbeing action plan
Watching your boundaries	Danger of getting too emotionally involved
	Knowing what you can and cannot do as a support worker
	Experience influences your boundaries

When work comes home with you	Not enough hours in the day
	"You'll never know how you feel after work"
	"Things have invaded my sleep and my cooking time"
Seeing the best	Difference between referral and reality
	Partnering alongside the service users
	"They did this because they were unwell"

The first three themes describe the work and how it interacts with them as support workers. The fourth theme provides insight into the support workers' lens of their work and the people that they support.

Knowing your limits

This theme was created to describe how participants spoke about a self-awareness of what they could achieve individually. One participant commented "you can't save the world, but you can help a few". Three sub themes were created to illustrate this.

Call for help when you need it

A common theme across the participant's narratives was the idea about getting comfortable in asking for help. This included help from peers in your team but a key point was asking for support from their 'team coach' (i.e., team manager). It focused on how there are expectations on them to do work but when challenges escalate, not being afraid to ask your boss for help or time off work to recover.

> *Use your team, they're a valuable source of resource. Talk to your team as well about how you're feeling, about the work you're doing and the people you're supporting.*
> *- Kayla*

> *Yeah, yeah, so yeah can (team coach's name) and I have a really good relationship now and you know we, we just get on very, very well and it makes a big difference to me to have somebody that really cares so much too.*
> *- Jack*

> *Ah there have been sometimes where my cases have gone through my sleep, and then I know something's wrong. Something has impacted me, so then I'll ring (team coaches name) the next day. (team coach's name), I spent all the night thinking. Did I do this? Did I follow up on that, did I upload the email, did I contact the clinical key work. And they'll go, ok, was that just for an hour? No, that was all night, Julia you're off today. Don't come and take some time and do some wellbeing stuff for you.*
> *– Julia*

> *Uh, when I told that to my team coach, actually. Uh, she was not there at that moment. I was, us. I just wrote down the notes and when she read the notes she just called me and said like are you ok? Like how you feel? Do you want like have a section you know if like counselling all that. I said, that's fine I didn't take it personally. But then the organiser decided not to have him on board. – Michael*

Participants spoke highly of their manager and how supportive and encouraging they were. There seemed to be a focus on ensuring the support worker was well during those intense events, even setting up a day off work in the case of Julia.

> *Yeah, yeah, like I'll just talk to my colleagues or something like that. Or we do like a coaching session with my team coach every, every month now. It was more regular than that when I first started but yeah, if there's anything on top, but they're usually pretty good like I can grab them um, just whenever if I need to have a chat. – Sarah*

The benefits and dangers of lived experience

Participants expressed how their own personal experiences with mental health can be beneficial in relating and empathising with their service users. But they also allude to the existence of a threshold that they can work from if the personal experience is traumatic in nature. They discuss only accepting a certain number of clients in an area of trauma that they have personally experienced. Their reasoning for this is to ensure that their wellbeing is maintained as they found that it can be retriggering for them. Therefore, a balance was required to utilise their unique history but ensure their own wellbeing was prioritised.

> *Uhm, having gone through what I have in my own life and seeing what my family's gone through and things like that, uhm, it really allows me to use my skills that I love to use the most and also to just feel like I'm really making a difference -it's super rewarding work. – Jack*

> *But I also think it's helped my journey. You know things that happened in my life like. um, you know, um assault and trauma and sexual abuse things that have happened in my life earlier on, but that's helped me grow and its helped me to. Help whaiora. support whaiora better – Debra*

> *Yes, so I find that, uhm, I form a more solid and quicker connection with people who have come from family violence, alcohol and drugs or sexual abuse, because those are the fields that my lived experience is in. I find I can support in ways of ideas around blockages. I can help support link them into services that can support them through that. ..... And, and being able to offer ongoing insight and support to these people through my own lived experience and the final thing that I noticed is I end up with a lot of these types of referrals. I always get these and my response is, I'm only gonna take three...... Yeah, I know I've got a lot of lived experience in this area, but I don't want to die with all that lived experience. And having a boss who's listening, yeah. – Julia*

Maintaining a wellbeing action

Even though the participants were not directly asked about how they supported their psychological wellbeing, most of them talked about having a wellbeing plan or using different techniques to make sure they maintain their wellbeing.

> *Look after your own wellbeing. Because you know you, you're no good to anyone else if, if you're not healthy and well yourself. – Julia*

> *What else would I say to a new person? I don't want. One of the important things is looking after yourself as well. As the people you're supporting because if you're not healthy and well, you're not going to be no use and you're gonna be overwhelmed – Kayla*

Watching your boundaries

This theme was created from participant's discussions around the need to check their relationships with service users. They described how breaches of these boundaries had detrimental effects on not only their work, but also their personal lives. The data often showed that they spoke about this in hindsight and from a place of experience. Three sub themes were created to collate and help illustrate these findings.

Danger of getting too emotionally involved

This subtheme shows how participants had to actively manage their depth of personal engagement with service users.

> *Well, you know, I've just we've had a few recently and um you know people. Just get so terribly terribly involved in the individuals life and um, but it ends up hurting them. – Debra*

Debra talks about seeing younger colleagues get emotionally hurt by getting too invested and involved in their service users' lives.

> *If a service user picks up oh, she's got her own mental health problems, that's not a great space to be. Suddenly you're on their level. They don't look to you as someone who can support them to be a better person. Suddenly you're on their level. There's no difference. They're not going to treat you as a support worker, that's maybe there to support them to be a better person? Nope, there's no bars. There's no barriers. It's open season. You don't want to be in that position where a whaiora doesn't have that respect for you anymore. – Julia*
>
> *Oh no, I think I learned to develop them. But I definitely had to learn. Not to let stories get too much onto me and not to let the stories that I empathized with them. Put me in a bad space. – Debra*

<u>*Knowing what you can and cannot do as a support worker*</u>

This subtheme shows that the participants talked about the importance of remembering and sticking to the limits of what you can and cannot do as a support worker. There are ethical boundaries described as well as self-respecting ones.

> *Balance is key and you are there to support. You're not there. Take on board everything for someone else Uhm, in clinical the person has a key worker. Yeah, it's it's not. You're you're not, they're managing everything in in awhiora the person has a GP the person also. As it has supports and you have your support as well, use the supports you have.- Kayla*
>
> *But sometimes even then that's not always different, because if if it's if somebody's been suicidal for years, it's about how they're feeling. I'm I'm not saying that suicide isn't always on their head, but you know it's much better to work on the steps that take that away rather than to immediately rush over there the minute that they rang and say. You know, OK, what can we do? And then let's ring clinical, let's ring crisis. Let's ring, you know because sometimes that's not very helpful. – Debra*

Kayla and Debra describe some reminders they needed to give themselves to ensure that they aren't the service users only line of support. Although they could step in and support for that issue, often it is more appropriate for other services to step in. This also reflects a practice of encouraging clients to not be dependent on the support workers, to utilise the wider variety of supports such as their General Practitioner, crisis team or clinical key worker.

> *They couldn't manipulate me or threaten me into doing a process for them that may have caused a legal repercussions on me, like lying to WINZ to support them for getting more money or food. I don't do those little things either. – Julia*

Julia discussed her ethical boundaries she deploys to protect herself.

> *So you if you want to do something for society, you want to return something and you you can't be everywhere. Doing some, you can't be Jesus Christ. You know changing the world do little things, but if you see someone success or something like you have witnessed something so that's a positive. So if you really want to do something like that, there's a good job. It's a great job, that's why I'm I'm staying in this job for all these years. I see people progress. I enjoy that and I can see their achievements somewhat I feel content in my life. – Michael*

Michael discusses the challenge of wanting to help people in significant ways but working within the support worker framework.

Experience influences your boundaries

All participants spoke about how their boundaries have been defined by their experiences. There was common usage of phrases similar to "it used to affect me, but now I've learnt to manage it".

> *Interviewer: Yeah, she's really pushing pushing the boundaries of what she can. Try and get you to do as well.*
>
> *Participant: Yeah, maybe she this when I was. That was my first time. I mean like not the first time like I I just started my job, you know. Yeah, after taking a break when I came back with this office again, I just started in a. He's like, yeah, she thinks that I can do things for her, you know, try and push me around. – Michael*

Michael described a situation when he was new and a service user ended up pushing him around, getting him to do more than he should have been doing. However, over time he learnt from this and was able to refine his boundaries to no longer get pushed around.

> *Well, I do try to not let it affect me. I mean I have learned that over the years I do actually have a very healthy lifestyle. I exercise every day and I have a plant based diet and. And I'm very careful with my own health. I do I. I have classes and mindfulness and mindfulness based movement therapy and. And I teach those sort of things as well. And you know, those are the sort of things that I use in my own life to get to enable me to get through and so that it it doesn't end up hurting me. Because if I let it hurt me, then I go into a dark place that I don't really want to go. Yeah, I'm not. – Debra*

> *I feel for their stories, I hear them and I feel and, and at that time again I always see this, uh, part of it that somewhere, something connects with everyone. There's something somewhere that will connect early in life, later in life or I think about others in my family and that way, yes and again, I feel that I never bring it on to myself anymore. Over time I've learned not to do that. – Carol*

Debra and Carol share their experiences of looking after themselves and make a statement to not let work come into their personal lives as it has significant impacts.

> *Well, yeah, but I'm probably not as much as I did and I've also been you know, like kept myself busy I'm I'm always busy. Like you know, when you come home and your shopping and cooking and walking the dog and exercising, cleaning and hanging out the washing and you know I do spend a bit of time on research each night and and you know so generally. You know, I I'm I'm quite good at Decompartmentalising Now, I probably wasn't years ago, but I am now a much better, you know, turning the phone off and getting on with my life in the weekends, yeah. – Debra*

> *But just yeah, just trying to have that really good, those boundaries and balance. – Sarah*

This final quote from Sarah summarises this theme about having really effective boundaries but balancing that with still doing the work you want to do.

When work comes home with you

This theme was created to illustrate that participants didn’t want to bring work home, but contrary to their efforts, it still interrupted their home life. Three sub themes were created to illustrate this.

Not enough hours in the day

This theme describes the participant’s ongoing frustrations with aspects of the job that require attention beyond their allotted hours. Some instances are because of moral and duty-bound requirements and others are when administrative requirements become more laborious than intended.

> *I was waiting until like 5 you know I feel like it was time for me to finish my job and I have to leave. Phone call from work and income so when I call the next try to call them, they said that that. He's already system she's on wait list and someone will contact you. But I have to finish my work its already 530pm – Michael*
>
> *Interviewer: I don't know if you can describe a time where you felt emotionally and mentally drained after engaging with the service user?*
>
> *Participant: Oh, I had a curly one. There was, there's been a couple of times, but one would have to be the time where I spent I think 7 or 8 hours in the emergency department with someone that I supported. Yeah, it was a really bad night to go to the emergency room. They were really busy and it was right at the end of my shift too. So I, I'd seen them at like 5:30pm at night. Um up on in the (location removed) and it wasn't, it wasn't mental health related but they just had like a head injury that they hadn't followed up on. And I said, OK, I feel like I shouldn't leave you by yourself, I feel like you need to get this checked and they had no else, no other way of getting there and they had a really bad experience at a hospital before. So I was like OK, I'll take you there. We can do this, you know. We’ll be there for a few hours. I might go a*

> *little bit over my shift. It's all good. But ends up being there to like one, 1:30am in the morning. – Sarah*

Michael and Sarah described situations where they chose to work beyond their rostered hours as the person was in high need, one was a hospital trip and another was a phone appointment that would set a housing application back months.

> *Yeah, well, I mean, as you know it's it's. It's very busy and we have an awful lot of paperwork and things to be doing. And you know and. We expected to see three service users a day and that includes traveling, but we've also got to get car back by a certain time, and so you know, it actually means that it's very hard to do it in an 8 hour day and so usually majority of us will work more than an 8 hour day to work up to scratch. – Debra*
>
> *Yeah, the problem solving takes a lot of time, especially 'cause I don't live in the area so I'm having to like find all these resources and, and in areas that I have no clue about, so yeah, lots of problem solving and I wish I could spend more time doing that, so like to, I like to get the problem solved by the next time I see them, but sometimes I won't have time or even thought about looking into it. So yeah, I don't like disappointing people. Um, yeah. – Sarah*

Sarah and Debra describe different reasons as to why they don't think they have enough time in their day. Debra talks about the expectations put on her by the system that she works in, vehicle management, and minimum appointments per day. But Sarah talks about the expectations she puts on herself to achieve goals by a certain date, and she will spend personal time looking for solutions to work problems.

"You'll never know how you feel after work"

This subtheme summarises how participants describe the potential for spontaneous, significantly psychologically draining engagements with service users. They describe how a planned small outing can end with the service user unexpectedly sharing deeply traumatic events.

Oh, once again, depends on the type of workday I've had. It can either be like, feel very rewarded and be like yeah, I've done some good job, I've done some good work today and I've helped a lot of people, a lot of things. But then other days it could just be, yeah, really exhausted. If I say, you know, haven't had my lunch. I've had people like just dumping some massive things on me. – Sarah

It goes one of two ways. Yeah, either really, really great, some love my job and then it's days like that where it's like don't no one else talk to me I'm going to bed. – Sarah

Interviewer: How about after you have finished engaging with your people? How do you feel after that?

Participant: I generally, generally fine. I mean, there's definitely whaiora service uses that they've had a really horrendous journey to get to where they've been. And sometimes the stories can really impact on on me. I mean, I've even been known to go home and just think where's the wine? I've gotta have a wine, you know, and I'm not a big drinker. I don't drink, you know, I'm very careful with my own diet – Debra

Uhm yeah, yeah, pretty I mean, it depends on how the days gone. Sometimes you're like, oh man, that's a, that's a great day. Did a lot of good work, um yeah, helped a lot of people with a lot of things, but yeah, obviously those there's those days that you know something gone wrong or someone said something that's like really weighed on you. Any kind of yeah, yeah it can, it can, it can vary. There could be the good days and bad days. – Sarah

So I think there's it can go one of two ways, really, depending on how the day has gone. – Jack

And what this woman had been through and the strength that she had to even survive, you know. But yeah, just weighed me very heavily, even even now and I haven't seen her for a few years. – Debra

Debra describes here the impact of hearing a particularly intense story and how it impacted her heavily at the time, and how it still affects her to this day even though time has passed.

“Things have invaded my sleep and my cooking time”

This subtheme arose from a quote from a participant who described situations where they thought they had left work at work, but then it showed up spontaneously at home.

> *So there have been moments and several moments on this side where. Some of my whaioras, um. Things have invaded my sleep and then I'm cooking dinner and then something will invade my thought and I'll go "uhhh" get out of my. I actually do things little bit old, get out of my head. um but I don't think I'm the only one in recent communication with my team. I know that there are others that have been impacted by the work. – Julia*

> *Feel like, uh? I don't know. I was thinking like maybe you know when my children when she was growing. You know, first child. You know when she was growing and I was feeling like sometimes the way she behaves. Like I'm not listening to us, she's having tantrum so I would feel like, oh. Will that be ASD? Because that's what I? I see another children, that's what the other children asd the other children behave. So I was feeling like oh, is she also having that? You know, he's she's always cry. She's not listening to us. Uh, sometimes I'll ask my wife and I say, like maybe she has had, shall we both for diagnosis, but there was too many like 3, which was two years old. No later, of course, when there was a, you know. The the doctors, as well as when we are reading the parenting all that. They said that they wanted to. You know, it's our children. Yeah, so I was hoping that all it's not that. – Michael*

Michael describes the impact of working with ASD children and how it warped his own view of his child. He was becoming paranoid of his daughter having ASD from such a young age, viewing any minor deviancy through an intense clinical lens. He spoke about having to address the issue and actively manage it, so he didn’t tarnish his relationship with his child.

> *So we feel like, oh, we feel like you know like after I finish my shift when I'm home like I have family I'm feeling that im bringing all that to my home. So the first thing I'd go for a shower, you know before I engage, so things like we feel like, oh maybe I should have gone through. – Michael*

> *Try not to take work home with you. You know, I I'd say that, but you know. You're you're you're going to anyway. – Kayla*

Kayla and Michael describe an acceptance that work will come home with you, but they try and prepare for it.

> *But yeah, can't like, sometimes you'll be worrying about what someone said or will be thinking. OK, well, what am I gonna do with this person next week and uhm, how am I going to help? And oh, I'm really worried about how this is going to go and just kind of trying to like plan your week while you're off work I guess. – Sarah*

> *The reason this came to mind was 'cause I, I had a headache. For about a day and a 1/2 because I was really, really stressed and I was really annoyed that I had allowed someone to stress me out that way. – Kayla*

Seeing the best

This theme was created to highlight the optimistic view that participants have of the clients they support. Three sub themes were created to highlight this view.

Difference between referral and reality

This subtheme was created to illustrate how the participants often spoke of a disconnection between what was listed on their formal paperwork referral and the reality of the service user and their situation.

> *Uhm, I can feel it. Depends on the person, but you can, I can feel quite nervous, uhm, you know, reading someone's referral and there's one particular person who I can think of who, uhm, she was described as like very violent and she had like attacked a few people (wow) and this, this and this yeah and I, I think this was my second person*

> *I'd ever seen as a support worker. And I read this and I was like, oh no what have I got myself into? Why does, why does my boss think I can do this like I'm going to get attacked. I, I was really overthinking it all. And so yeah, quite nervous. I went there and she was the sweetest (wow), like loveliest, little girl I've ever met in my life. Just completely like if I hadn't read that referral, you'd have no idea. So yeah, can feel quite nervous. Especially yeah, reading over how people are described in their in their referrals versus who they actually are, who's usually, yeah a lot different to that. – Sarah*
>
> *OK, so. Was it last week I? A couple of weeks ago I I took an introduction for a whaiora, who was experiencing some.... it wasn't actually quite clear, but she wanted some counselling. She wanted to be linked up with some counselling services and there was a a mention on the introduction that she had some historical trauma issues and so. I didn't know how historical that worked because of the word historical. I thought it was a few years ago. By the time. I spoke to her and she told me what had happened but actually did have an impact on me because it was recent. It was something I've never in all my years of supporting people have come across. – Kayla*

Partnering alongside the service users

Each of the participants described how they engaged with the service users with the concept of partnership and working alongside them.

> *But UM, yeah, working in the team, working in the community as a support worker, it's it's it really isn't about. There's a word I use. To some people that I support when they're asking me to do things and then apologizing, and I said no. Please don't don't apologize, this is. What I do I'm here for you to use. Whatever it is that you need. Throw it up, throw it my way and I'll help you to walk. I walk alongside you carry it for you until we reach some sort of conclusion. That's what that's my job, I'm here to support you. – Kayla*
>
> *I really don't think there's anybody I haven't met that hasn't tried to be really, to do their best to be well, you know, and so they're, they're really quite grateful of any help." – Debra*

“They did this because they were unwell”

The participants were asked to describe a challenging engagement that they had with a service user. When the participants described the event, they didn’t speak with malice but with grace toward the service user.

> *And then he started to like. Um, very abusive. So I was feeling like, oh what you know? Like how best support him? But he's having a bipolar. So later, like, uh? Other time when I called him. He was fine. He's he's calling me mate and always go there or was here. He's fine so I didn't take it personally. But later finally, like we got him into a space and to a place, uh, quite far from different from where he lives from, totally a different suburb. But he and he liked it, - Michael*

> *Participant: Um sure. I had one lady just scream at me once when I went in and, and um she just was getting very agitated and um I just said to her that I, I couldn't be here, that I'd, I'd ring her up later and I walked out but as I walked out she was still following me and screaming at me. Yeah, and it did, it did upset me because we'd had a bit of a relationship. She was obviously having a bad day. Yeah, but that that was one of them, I've had a few.*
>
> *Interviewer: Yeah, this is the worst when you've, you've kind of built up a rapport with someone and you feel like you're on good terms but then this comes out of nowhere.*
>
> *Participant: Yeah, but it's it's you know it wasn't her fault, it was her illness and you know, anyway. – Debra*

> *So then she actually shouted at me and the other the person that made the medication error to just get out. I mean really loud, yeah and I did tell her I'm sorry and I'm leaving now and I walked out and after that in those days they used to come down to the office to, the office was on the complex so they used to come down there to have their meds and she wouldn't let me be in the room at all. I had to leave the room and I*

> *just left quietly. I think that carried on for almost three weeks, if I can remember or more, I don't know. Then finally, she said you didn't get angry with me. I said about what? So she says because I was always telling you off not to be there. So I found that quite interesting. So yeah, then after that she was OK. – Carol*

This final quote from Carol shows that when unwell service users aren't judged, it is recognised and acknowledged.

DISCUSSION

Knowing your limits

Call for help when you need it

Participants initially describe calling for help for practical tips due to the wide range of support needs that can arise in the role. However, they begin sharing about the importance of seeking emotional support from their colleagues. A common technique of debriefing is brought up by the participants as something that they valued. Debriefing is the process of talking with someone after an incident with the intention of doing a well-being check on the support worker.

Participants described an unspoken limitation on how much one person can know how to support someone. They describe connecting and asking questions of your colleagues as a requirement to succeed in this role. This attitude may come from the variety of needs in the referrals that come through to them.

Participants shared positive experiences that they had had with their Team Coach. This two-way street of feeling valued, appreciated, and supported by their manager encouraged them to keep on with their work whilst maintaining their wellbeing. This also helped act as an emotional check in to evaluate their work.

The benefits and dangers of lived experience

Participants shared the advantages of using their personal lived experiences in mental health and addictions services. In some capacities it was useful as they could empathise and deeply understand how that person was feeling and what they were experiencing. However, it came at a cost of being vulnerable and working within a space that they had experienced trauma before.

Maintaining a wellbeing action

It was described as two parts, first that it is required to be maintained to ensure you can do your job but so that you can do your job well. The language used described it as preparation for when work will get challenging so it creates a strong element of prepared resilience to continue with the role. They also describe it as an ongoing concern with the need to be proactive instead reactive.

Watching your boundaries

Danger of getting too emotionally involved

Working within a role that involves empathy comes with a risk of getting emotionally invested in the person. Empathy does enable you to engage and partner with your service user but can lead to hurt. Participants describe it as a professional capacity that actively needs to be watched and maintained for over-involvement can tarnish your working relationship with the service user. McEwen (2011) describes emotional balance as a key tool to utilise when working in a challenging environment, with intent of emotional management and not becoming emotionally distant from the work. It presents a challenge of obtaining meaning from this work but not overinvesting and becoming vulnerable that the support worker experiences significant psychological distress themselves.

Looking at this through a critical lens, over emotional involvement could be a symptom of misplaced motivation in the support worker position. This could lead to a breach of professional boundaries and breach of standard ethical behaviours. However, due to corporate body for support workers the only ethical boundaries would be the organisations that they are employed with.

Knowing what you can and cannot do as a support worker

Knowing their professional and practical limitations of what they can and cannot say. An example included not being able to write support letters, that although may benefit the service user, is not morally and ethically sound. But, since this role is not held accountable to a registered professional body, it does not operate within the same confounds of what social workers can and cannot do. If this was explored it would be interesting to see the varying levels in which different support workers would operate within.

Experience influences your boundaries

All of the participants talked about experiencing burnout and overworking at some point in their past. It came from the perspective of a lesson that had been learnt. This is an interesting point as all of the participants had high level education but none of them mentioned their training as to why they said boundaries were important. This could highlight a gap in the courses they trained in or exploring the phenomenon that boundaries are only learnt from experience, like the idea that a child will learn a fire is hot only by touching it.

When work comes home with you

Not enough hours in the day

Participants discussed the struggles of balancing their workloads in a variety of situations, unexpected overtime for appointments; excessive paperwork; extra time in order to problem solve etc. They all discussed wanting to achieve their expectations alongside their employers expectations within their frameworks but found difficulties in doing this. There was a comfortability in working longer and overtime to achieve these expectations even though it was not a desired outcome.

This could be summarised in the fact that these support workers are engaged in an area that has been described as understaffed, underfunded, and being overworked. The fact that there is a variety of reasons of overworking is symptomatic of a complex health system. Unexpected overtime speaks to a need to respond with immediacy to urgent needs, whereas excessive paperwork describes an overloaded caseload or excessive bureaucracy.

It could also be described as there being a difference in values between all the stakeholders. Support workers might value face to face appointments more than procedures and processes. The internal conflict of values is difficult because they have to reduce their time with a person in order to fill out some basic information that does not directly affect the person's recovery journey.

"You'll never know how you feel after work"

This theme was created to highlight the dynamic range of psychological issues that support workers can experience at the end of their workdays. Experiencing both days of satisfaction, pride and loving their job; to needing to isolate, contemplate drinking alcohol and isolating from others to emotionally recharge after an exceptionally draining day.

A lot of frustration was spoken about how they have tried to plan their day and set their expectations. Further discussion can be had around where to set their expectations for the day, you can reduce the impact of an emotionally draining service user by expecting this every time you see them. However, this behaviour can negatively impact your ability to support them as the service user might notice you are always prepared and ready for a heavy discussion and never something nice. McEwen (2011) describes Emotional Balance as being important when reacting to challenges in the workplace.

“Things have invaded my sleep and my cooking time”

This theme shows that despite support workers best efforts to utilise coping mechanisms and separation techniques, they still experience emotional and mental distress from their job after work hours. It was not limited to engagement with traumatised service users but worry and concern for how their service users were holding up in times of distress.

Seeing the best

Difference between referral and reality

The fractured difference between information received on a referral form and what is encountered is not something to be surprised at. Referral forms are used to inform support workers about risk management plans, general information, and goals. However, the frustrations raised by the participants around key information missing is described as being acceptable. They have learnt to accept the limitations of the referral form and rely on the first face to face meeting to make enquiries about supporting someone.

Partnering alongside the service users

This theme here appeared to show what the participants valued when supporting their service users. The core value of partnership is one of the commonly highlighted principles of the treaty of Waitangi and could be described as coming through in their work. All of the participants were qualified in this area so it could be assumed that they valued the walk alongside service rather than a solution focused support plan. Ranui et al. (2018) links this concept with the ‘recovery’ approach taken by organisations.

“They did this because they were unwell”

This theme speaks to underlying grace and empathy that appears to be within the support workers interviewed. The participants worked in a variety of settings in secondary level care where significant levels of acute unwellness were not going to be uncommon. A common quality of people working in social services is compassion, as described by the higher potential for compassion fatigue to occur.

However, each of the participants incidents happened further along the support journey and not at the beginning of the working relationship. A potential limitation to this statement though is that each of the participants brought up incidents that occurred further along their support journey with a service user. No incidents were brought up that were at the beginning of the support journey but only those with positives outcomes. This could be used as evidence that the referral system in place was working well to stop high risk service users from accessing these services that these support workers worked in.

Limitations and Recommendations

It should be noted the impact that the Covid-19 Pandemic had on the recruitment of the participants, which limited the potential diversity of support workers being recruited. The Covid-19 Pandemic may have also had an impact on the wellbeing of the support workers producing a significant external stressor, resulting in narratives that could be different from those that would have been collected before the pandemic. Due to having to use snowballing for recruitment we were more likely to recruit participants from a similar role and team. The small sample size should also be acknowledged alongside being a qualitative study and therefore the generalisability is limited.

Although the sample size was small a diverse range of ethnicities, age and experience was represented, which should enhance the validity of the data. A critique of the participants is that they all had higher levels of education, with all but one participant having at least a Bachelor level degree. This may have influenced their eagerness to participate in the research as they may have had conducted studies in the past themselves.

It is important to acknowledge the role of the primary researcher within this qualitative study. My bias was identified in the reflexivity section where I have a working history as a support worker. The primary researcher is also a student in a post graduate psychology programme that is interested in the topics of burnout etc being researched. To mitigate this bias the primary researcher was kept accountable with the secondary researcher to ensure valid results were produced. Due to this being exploratory research into a profession that is chronically under researched, validity of the results can only be assessed by comparison to other professions such as social workers or nurses. Although they operate within the same sector, their professional training and operation within a clinical lens limits the direct comparisons that can be made.

Additionally, several minor themes were omitted from the research as they were not related to the research question. Participants expressed frustration around bureaucracy, but the research aim was focused on wellbeing and not about health systems. Participants also discussed intricacies of the role and realities of being a support worker but due to them not being related to the research question they were not included in the report. Additionally, individual participants brought forward unique challenges they had faced and overcome, but these were not consistent across the whole data set. Finally, minor themes were also omitted from the report as they were only partially relevant and had limited data to support them.

Recommendations into further research could focus on quantifying the frequency of the psychological issues amongst support workers. Investing the efficacy of the coping mechanisms of support workers with the aim at reducing the impact of mental health support on the support worker. Also exploring the motivation about why support workers do the job that they do and how it has influenced their compassionate lens that they view their service users with.

Conclusion

The findings from this study show that mental health support workers appear to experience symptoms of psychological distress in their job while supporting service users. The level of impact that it has is influenced by personal and professional experiences. Whilst VT, CF, STS and burnout were not specifically measured the participants had a self-awareness of how this job can impact them. It is highlighted that a proactive attitude is required to continue thriving as a support worker lest you succumb to the psychological distress. However, the unique lens that these participants viewed their service users with, the message of hope and grace appears to be the most significant tool in helping bring the best out of their service users.

REFERENCES

Bradshaw, C., Atkinson, S., & Doody, O. (2017, Jan-Dec). Employing a Qualitative Description Approach in Health Care Research. *Glob Qual Nurs Res, 4*, 2333393617742282. https://doi.org/10.1177/2333393617742282

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101. https://doi.org/10.1191/1478088706qp063oa

Braun, V., Clarke, V., Hayfield, N., & Terry, G. (2018). Thematic Analysis. In P. Liamputtong (Ed.), *Handbook of Research Methods in Health Social Sciences* (pp. 1-18). Springer Singapore. https://doi.org/10.1007/978-981-10-2779-6_103-1

Bride, B. E., Robinson, M. M., Yegidis, B., & Figley, C. R. (2016). Development and Validation of the Secondary Traumatic Stress Scale. *Research on Social Work Practice, 14*(1), 27-35. https://doi.org/10.1177/1049731503254106

Brown, O. M., Wells, J. E., & Scott, K. M. (2006). Te rau hinengaro: The New Zealand mental health survery. Ministry of Health, Wellington: New Zealand.

Clark, P., Holden, C., Russell, M., & Downs, H. (2022). The Impostor Phenomenon in Mental Health Professionals: Relationships Among Compassion Fatigue, Burnout, and Compassion Satisfaction. *Contemporary Family Therapy: An International Journal, 44*(2), 185-197. https://doi.org/10.1007/s10591-021-09580-y

Hennessy, J. (2015). *The contribution of the mental health support worker to the mental health services in New Zealand : an Appreciative Inquiry approach* [Thesis, Auckland University of Technology]. http://hdl.handle.net/10292/9192

Holmqvist, R., & Jeanneau, M. (2006). Burnout and psychiatric staff's feelings towards patients. *Psychiatry Research, 145*(2-3), 207-213-213. https://doi.org/10.1016/j.psychres.2004.08.012

Leung, T., Schmidt, F., & Mushquash, C. (2022). A Personal History of Trauma and Experience of Secondary Traumatic Stress, Vicarious Trauma, and Burnout in Mental Health Workers: A Systematic Literature Review. *PSYCHOLOGICAL TRAUMA-THEORY RESEARCH PRACTICE AND POLICY*. https://doi.org/10.1037/tra0001277

Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job Burnout. *Annual Review of Psychology, 52*(1), 397-422. https://doi.org/10.1146/annurev.psych.52.1.397

McCann, I. L., & Pearlman, L. A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress, 3*(1), 131-149. https://doi.org/10.1007/BF00975140

McEwen, K. (2011). *Building resilience at work*. Australian Academic Press.

Ministry of Health. (2020). *Mental health and addiction support workers pay equity settlement.* https://www.health.govt.nz/new-zealand-health-system/pay-equity-settlements/mental-health-and-addiction-support-workers-pay-equity-settlement

Ministry of Health. (2022). Annual Data Explorer 2020/21: New Zealand Health Survey.

Morse, G., Salyers, M. P., Rollins, A. L., Monroe-DeVita, M., & Pfahler, C. (2012). Burnout in mental health services: a review of the problem and its remediation. *Adm Policy Ment Health, 39*(5), 341-352. https://doi.org/10.1007/s10488-011-0352-1

Pace, B. (2009). Preliminary comparison between the roles of support workers and social workers in community mental health services [Article]. *Aotearoa New Zealand Social Work Review, 21*(3), 33-37.

Paris, M., & Hoge, M. (2010). Burnout in the Mental Health Workforce: A Review [Article]. *Journal of Behavioral Health Services & Research, 37*(4), 519-528. https://doi.org/10.1007/s11414-009-9202-2

Pearlman, L. A., & Saakvitne, K. W. (1995). *Trauma and the therapist : countertransference and vicarious traumatization in psychotherapy with incest survivors* (First edition. ed.). Norton.

Ranui, A., Kelly, S., & Haggerty, C. (2018). Understanding the Mental Health Support Worker Role in Aotearoa New Zealand: A Literature Review. *Whitireia Nursing & Health Journal, 25*(25), 74-81.

Sandelowski, M. (2000). Whatever happened to qualitative description? *Research in Nursing & Health, 23*(4), 334-340. https://doi.org/10.1002/1098-240x(200008)23:4<334::Aid-nur9>3.0.Co;2-g

Sandelowski, M. (2010). What's in a name? Qualitative description revisited. *Res Nurs Health, 33*(1), 77-84. https://doi.org/10.1002/nur.20362

Smith, S., & Hanna, S. (2021). Does helping hurt the helper? - An investigation into the impacts of vicarious traumatisation on social work practitioners in Hawke's Bay, Aotearoa New Zealand. *Aotearoa New Zealand Social Work Review, 33*(3), 48-60. https://doi.org/10.11157/anzswj-vol33iss3id892

Sullivan-Bolyai, S., Bova, C., & Harper, D. (2005). Developing and refining interventions in persons with health disparities: The use of Qualitative Description. *Nursing Outlook, 53*, 127-133. https://doi.org/10.1016/j.outlook.2005.03.005

Taylor, G. E. (2015). Who cares for carers? Experiences of community mental health support workers from a feminist perspective. (Master's thesis, University of Waikatio, Hamilton, New Zealand).

Te Pou o te Whakaaro Nui. (2014). *Adult mental health worforce: 2014 survey of Vote Health funded services*.

Wilson, A., & Nicolson, M. (2020). Mental Health in Aoteroa: Results from the 2018 Mental Health Monitor and the 2018/19 New Zealand Health Survey. *Wellington: Te Hiringa Hauora/ Health Promotion Agency*.

APPENDICES

Appendix A: Participant Information Sheet

TE WĀNANGA ARONUI O TĀMAKI MAKAU RAU

Appendix A: Participant Information Sheet

Date Information Sheet Produced:

1 June 2021

Project Title

Exploring the impact that service users have on the psychological wellbeing of support workers.

An Invitation

Kia Ora,

My name is Jonathan Miller and I am a student completing Honour's year of my Bachelor of Health Science at the Auckland University of Technology. As part of this, I am working on a research project which aims to explore the impact of vicarious trauma on support workers.

Participation in this study is voluntary, and you may withdraw any time prior to the completion of data collection. Although you work for Pathways, this research project will neither advantage nor disadvantage you in anyway. You are under no obligation to complete the interview if you are feeling uncomfortable about any of the questions.

What is the purpose of this research?

The purpose of this research is to develop a better understanding of the experiences of mental health support workers and their psychological wellbeing in relation to service users' narratives and stories. It will also be used to contribute towards my requirements for a Bachelor of Health Science (Honours).

The research may benefit the participants as sharing their stories and contributing to the research may inform better practice and understanding on the psychological impacts this job can have. There are very few documented narratives while explore the experiences of mental health support workers in Aotearoa New Zealand. Therefore, this research is intended to benefit the wider community by opening discussions and potentially help guide the professional development of the support worker role in mental health.

All data will remain confidential and examples used in the final report will be by way of pseudonym and not include the names of the participants or give information that would enable the participant to be identifiable.

How was I identified and why am I being invited to participate in this research?

. You have been identified to participate in this research as you are currently a full time adult mental health support worker in the Auckland Region for Pathways Health Limited. And you have recently emailed me your contact details in response to a poster which was advertised in your company. You meet the research criteria as follows:

- You are currently employed at Pathways Health Limited within the Auckland Region.
- You are employed full time and work 30 hours or more per week.

How do I agree to participate in this research?

A consent form is attached for you to complete if you wish to proceed with this study. Your participation in this research is voluntary (it is your choice) and whether or not you choose to participate will neither advantage nor disadvantage you. You are able to withdraw from the study at any time. If you choose to withdraw from the study, then you will be offered the choice between having any data that is identifiable as belonging to you removed or allowing it to continue to be used. However, once the findings have been produced, removal of your data may not be possible.

What will happen in this research?

This research will consist of a one-off interview session that will last around 1 hour. I will ask you some questions to give the interview a loose structure, but you will also be given the space to talk about which aspects of your experience you view as most important. The interview will be audio recorded to ensure accurate documentation and will be transcribed by me for analysis.

The questions will be focused on how service users and their stories and narratives impact you emotionally, psychologically, socially, and possibly physically. You will be given the opportunity to discuss how you may deal with any problems which arise due to the interaction with service users, including any support services you may access and whether these meet your needs.

The interview sessions will take place in a location we agree upon. I am able to meet you at a place that you will best feel comfortable in.

What are the discomforts and risks?

Although it is not anticipated that you will experience discomfort or risk by taking part in this interview, you may discuss things which bring up certain emotions that relate to your experiences within this job. You will be supported through this if it occurs during the interview and offered to discontinue if you feel uncomfortable.

How will these discomforts and risks be alleviated?

If for any reason you feel this experience has caused issues to arise, and you believe this is as a direct result of participating in the research please contact the AUT Health, Counselling and Wellbeing service.

AUT Health Counselling and Wellbeing can offer three free sessions of confidential counselling support for adult participants in an AUT research project. These sessions are only available for issues that have arisen directly as a result of participation in the research and are not for other general counselling needs. To access these services, you will need to:

- drop into our centres at WB219 or AS104 or phone 921 9992 City Campus or 921 9998 North Shore campus to make an appointment. Appointments for South Campus can be made by calling 921 9992
- let the receptionist know that you are a research participant, and provide the title of my research and my name and contact details as given in this Information Sheet

You can find out more information about AUT counsellors and counselling on http://www.aut.ac.nz/being-a-student/current-postgraduates/your-health-and-wellbeing/counselling.

What are the benefits?

The participants may benefit from the experience of sharing their stories and contributing to research which intends to shed a light on the psychological wellbeing of mental health support workers. This may in turn also benefit other mental health support organisations.

The researcher will benefit by obtaining a PG qualification, as well as increase their understanding of current issues involved with mental health support workers. This understanding is a valued contribution towards the researcher's clinical knowledge and experience in Counselling Psychology.

The wider community will benefit from the sharing of stories of individuals who work as a mental health support worker. There are very few documented narratives on the psychological wellbeing of these individuals, as commonly the focal point has been on other health practitioners, such as nurses or social workers. Therefore, shedding light on the experiences of mental health support workers may open up discussions amongst the wider community.

How will my privacy be protected?

You will be asked to provide a pseudonym by which you will be known in the study or we can provide a pseudonym for you. Only the research team will have access to data during the data collection and analysis stage. Only the project supervisor, Assoc Prof Daniel Shepherd, will have access to the data after the final reports are produced. Audio-recordings of interviews will be destroyed following transcription. Consent forms and transcripts, using only pseudonyms, will be kept for six years in a locked filing cabinet in the Psychology Department on AUT premises.

You should be aware that confidentiality will be breached if you disclose information about activates which may cause harm to yourself or others. Specifically, if you disclose a suicidal ideation or any illegal activity, I have a duty to report these to my supervisor.

What are the costs of participating in this evaluation?

We anticipate that interviews will take no longer than one hour plus your travel time. If you wish to review your transcript prior to the completion of the research this will take an additional, small amount of time.

What opportunity do I have to consider this invitation?

Your participation in this study is completely voluntary and you will have until the end of June 2021 to consider this invitation. If you require further information or want to ask questions about this research please contact me via email. If you would like to discuss the requirements please email me with a suitable time and I will call you.

Will I receive feedback on the results of this evaluation?

You are invited to receive a summary report of the research once completed. Please tick the appropriate box on the consent form if you wish to receive one.

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor,

Assoc Prof Daniel Shepherd, daniel.shepherd@aut.ac.nz, ph. 09 921 9999 extension 7238

Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTEC, Dr Carina Meares, *ethics@aut.ac.nz* , 921 9999 ext. 6038.

Whom do I contact for further information about this evaluation?

Please keep this Information Sheet and a copy of the Consent Form for your future reference. You are also able to contact the research team as follows:

Researcher Contact Details:

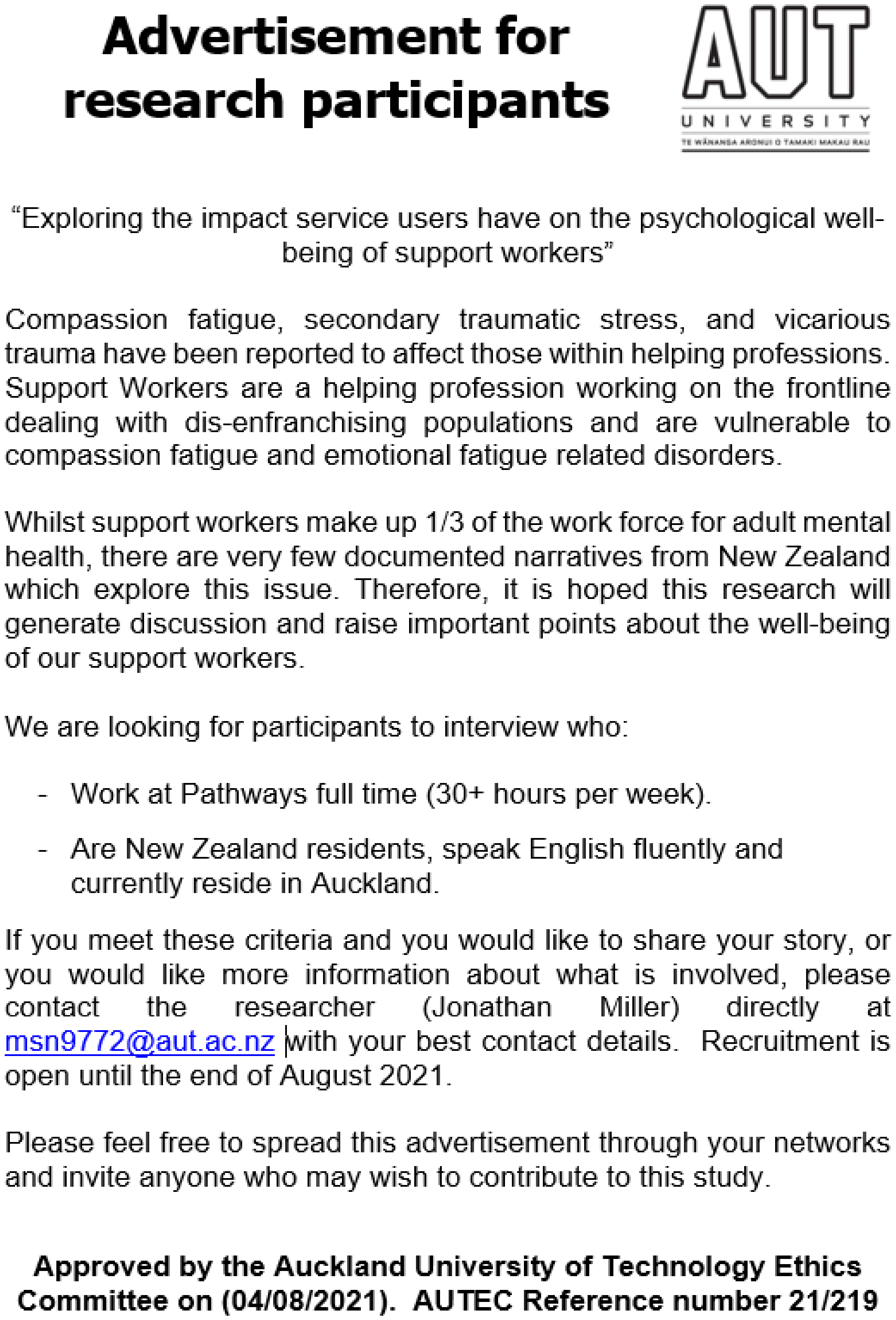
Jonathan Miller, msn9772@aut.ac.nz

Project Supervisor Contact Details:

Assoc Prof Daniel Shepherd, daniel.shepherd@aut.ac.nz, ph. 09 921 9999 extension 7238

Approved by the Auckland University of Technology Ethics Committee on *04/08/2021*, AUTEC Reference number *21/219*.

Appendix B: Recruitment Flyer



Advertisement for research participants

AUT UNIVERSITY
TE WĀNANGA ARONUI O TAMAKI MAKAU RAU

“Exploring the impact service users have on the psychological well-being of support workers”

Compassion fatigue, secondary traumatic stress, and vicarious trauma have been reported to affect those within helping professions. Support Workers are a helping profession working on the frontline dealing with dis-enfranchising populations and are vulnerable to compassion fatigue and emotional fatigue related disorders.

Whilst support workers make up 1/3 of the work force for adult mental health, there are very few documented narratives from New Zealand which explore this issue. Therefore, it is hoped this research will generate discussion and raise important points about the well-being of our support workers.

We are looking for participants to interview who:

- Work at Pathways full time (30+ hours per week).
- Are New Zealand residents, speak English fluently and currently reside in Auckland.

If you meet these criteria and you would like to share your story, or you would like more information about what is involved, please contact the researcher (Jonathan Miller) directly at msn9772@aut.ac.nz with your best contact details. Recruitment is open until the end of August 2021.

Please feel free to spread this advertisement through your networks and invite anyone who may wish to contribute to this study.

Approved by the Auckland University of Technology Ethics Committee on (04/08/2021). AUTEC Reference number 21/219

Appendix C: Consent Form

AUT
TE WĀNANGA ARONUI O TĀMAKI MAKAU RAU

Consent Form

Project title: Exploring the impact that service users have on the psychological wellbeing of support workers.

Project Supervisor: *Assoc Prof Daniel Shepherd*

Researcher: *Jonathan Miller*

○ I have read and understood the information provided about this research project in the Information Sheet dated 1 June 2021.

○ I have had an opportunity to ask questions and to have them answered.

○ I understand that notes will be taken during the interviews and that they will also be audio-taped and transcribed.

○ I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without being disadvantaged in any way.

○ I understand that if I withdraw from the study then I will be offered the choice between having any data that is identifiable as belonging to me removed or allowing it to continue to be used. However, once the findings have been analysed, removal of my data may not be possible.

○ I agree to take part in this research.

○ I wish to receive a summary of the research findings (please tick one): Yes○ No○

Participant's signature: ....

Participant's name: ....

Participant's Contact Details (if appropriate):

....

....

....

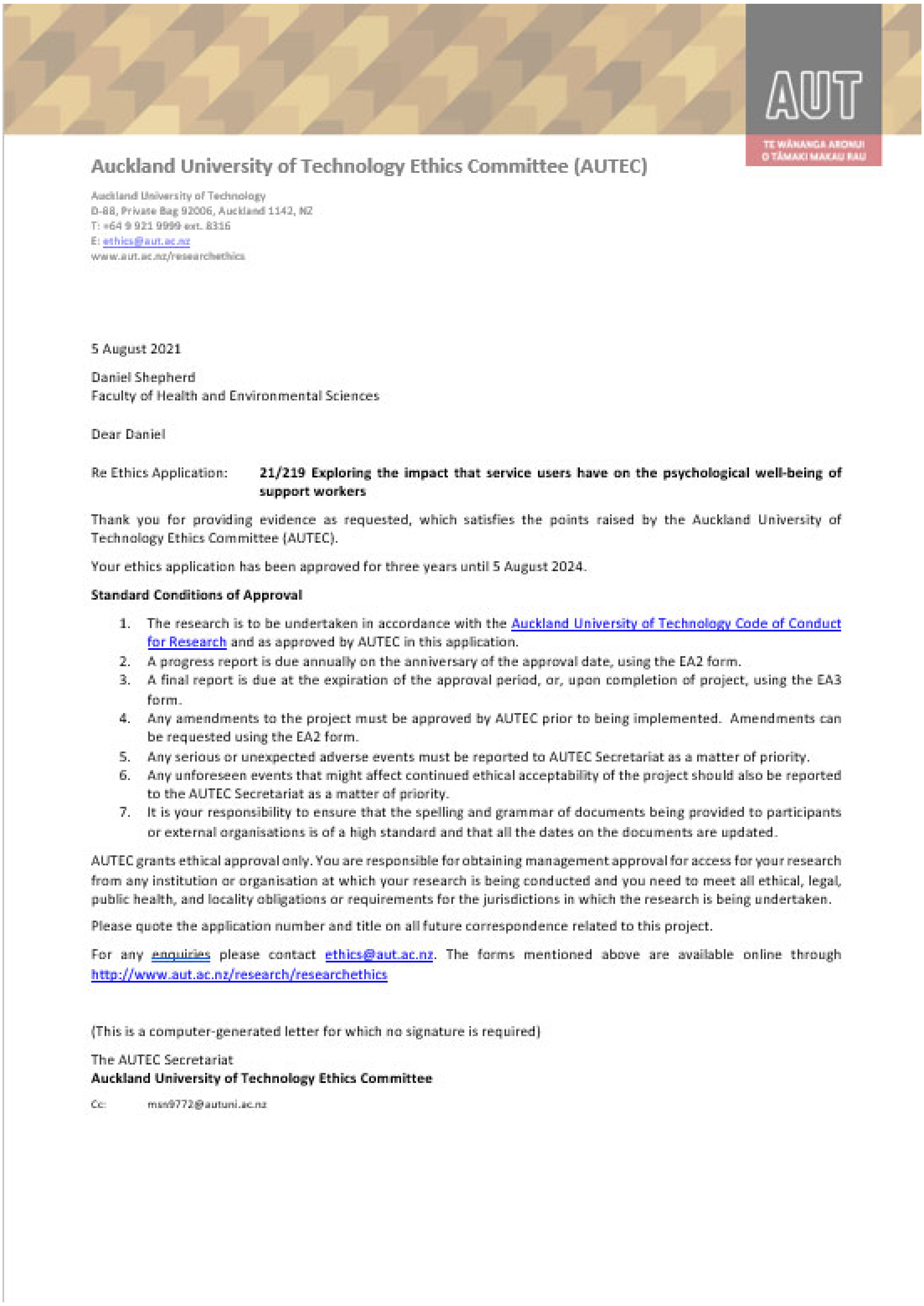
....

Date:

Approved by the Auckland University of Technology Ethics Committee on 04/08/2021 AUTEC Reference number 21/219

Note: The Participant should retain a copy of this form.

Appendix D: Ethics Approval Letter



TE WĀNANGA ARONUI
O TĀMAKI MAKAU RAU

Auckland University of Technology Ethics Committee (AUTEC)

Auckland University of Technology
D-88, Private Bag 92006, Auckland 1142, NZ
T: +64 9 921 9999 ext. 8316
E: ethics@aut.ac.nz
www.aut.ac.nz/researchethics

5 August 2021

Daniel Shepherd
Faculty of Health and Environmental Sciences

Dear Daniel

Re Ethics Application: **21/219 Exploring the impact that service users have on the psychological well-being of support workers**

Thank you for providing evidence as requested, which satisfies the points raised by the Auckland University of Technology Ethics Committee (AUTEC).

Your ethics application has been approved for three years until 5 August 2024.

Standard Conditions of Approval

1. The research is to be undertaken in accordance with the Auckland University of Technology Code of Conduct for Research and as approved by AUTEC in this application.
2. A progress report is due annually on the anniversary of the approval date, using the EA2 form.
3. A final report is due at the expiration of the approval period, or, upon completion of project, using the EA3 form.
4. Any amendments to the project must be approved by AUTEC prior to being implemented. Amendments can be requested using the EA2 form.
5. Any serious or unexpected adverse events must be reported to AUTEC Secretariat as a matter of priority.
6. Any unforeseen events that might affect continued ethical acceptability of the project should also be reported to the AUTEC Secretariat as a matter of priority.
7. It is your responsibility to ensure that the spelling and grammar of documents being provided to participants or external organisations is of a high standard and that all the dates on the documents are updated.

AUTEC grants ethical approval only. You are responsible for obtaining management approval for access for your research from any institution or organisation at which your research is being conducted and you need to meet all ethical, legal, public health, and locality obligations or requirements for the jurisdictions in which the research is being undertaken.

Please quote the application number and title on all future correspondence related to this project.

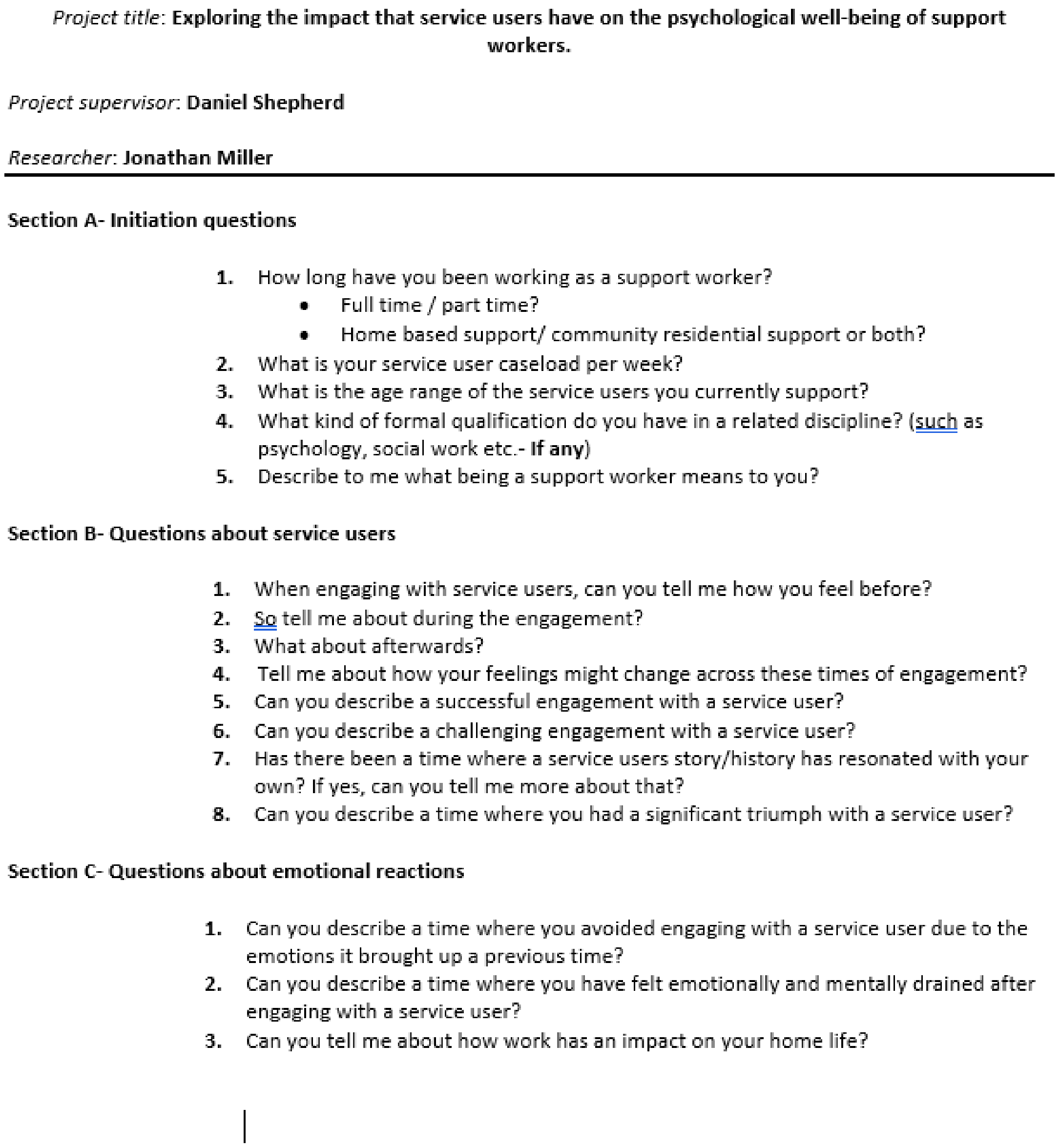
For any enquiries please contact ethics@aut.ac.nz. The forms mentioned above are available online through http://www.aut.ac.nz/research/researchethics

(This is a computer-generated letter for which no signature is required)

The AUTEC Secretariat
Auckland University of Technology Ethics Committee

Cc: msn9772@autuni.ac.nz

Appendix E: Interview Questions



Project title: **Exploring the impact that service users have on the psychological well-being of support workers.**

Project supervisor: **Daniel Shepherd**

Researcher: **Jonathan Miller**

Section A- Initiation questions

1. How long have you been working as a support worker?
    - Full time / part time?
    - Home based support/ community residential support or both?
2. What is your service user caseload per week?
3. What is the age range of the service users you currently support?
4. What kind of formal qualification do you have in a related discipline? (such as psychology, social work etc.- **If any**)
5. Describe to me what being a support worker means to you?

Section B- Questions about service users

1. When engaging with service users, can you tell me how you feel before?
2. So tell me about during the engagement?
3. What about afterwards?
4. Tell me about how your feelings might change across these times of engagement?
5. Can you describe a successful engagement with a service user?
6. Can you describe a challenging engagement with a service user?
7. Has there been a time where a service users story/history has resonated with your own? If yes, can you tell me more about that?
8. Can you describe a time where you had a significant triumph with a service user?

Section C- Questions about emotional reactions

1. Can you describe a time where you avoided engaging with a service user due to the emotions it brought up a previous time?
2. Can you describe a time where you have felt emotionally and mentally drained after engaging with a service user?
3. Can you tell me about how work has an impact on your home life?