

## The Cancer Professionals Podcast – Episode transcript

### Workforce wellbeing with Frontline19

(Intro music)

**00:00:10 Lydia**

As caregivers, how can we make space to look after our own mental health?

**00:00:14 Claire**

You've got people that are in the helping profession that would put themselves out so much for the people they're working with, so much for their patients and yet they treat themselves so poorly, you know, they'll just limp along- oh, no, I'm not gonna go to the doctors and think like- you really do need to look after yourself too.

**00:00:29 Lydia**

Hello, I'm Lydia and my pronouns are she/her.

**00:00:34 Liv**

And I'm Liv and I go by she/her. Welcome to the Cancer Professionals Podcast, a podcast from Macmillan. In this series, we chat to a wide range of guests, including health and social care professionals, to lift the lid on current issues faced by the cancer workforce.

**00:00:48 Lydia**

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**00:01:09 Liv**

This episode contains conversations about mental health and suicide, which you may find upsetting or triggering. Listener discretion is advised.

**00:01:17 Liv**

Today, we're here to talk to Claire Goodwin-Fee, who's the founder of Frontline19, a nonprofit organisation set up during COVID to provide much needed psychological support to key workers.

**00:01:28 Liv**

Frontline19 now supports around 9,000 people per week and has saved many people from suicide. Our regular listeners will know that we released a two-part episode in May and June of 2024, all about vicarious trauma. This has become one of our most popular episodes to date and we've received so much feedback about how helpful it is and how important it is.

**00:01:48 Liv**

We were so keen to have Claire come and talk to us, to help to understand more about how COVID affected us as a workforce and how working in cancer care can have a continued impact on our mental health. So Claire, thank you so much for your time today. Can you introduce yourself please and tell us a little bit about your background?

**00:02:03 Claire**

Thank you for having me today. So I am a psychotherapist by trade and have been a psychotherapist for around 20 years and originally trained with the NHS back in the day. Prior to the pandemic I worked in children's social care for around 15 years, working with children that were in care and also children that had experienced traumatic events within part of their life that might be part of the kind of childcare system. At the start of COVID the day before lockdown, I was trying to think about ways that I could support the NHS because they'd saved my dad's life back in 2010 and after thinking through some different options came up with the idea that as a therapist I know quite a few therapists and maybe I could give some space to workers to kind of offload because of obviously the traumatic events that I assumed that they would be experiencing. The aim at the start was to help around 50 people, and in the first day we had 750 people come through and office asked for support and then last year we hit the target of helping over 1,000,000 people.

**00:03:09 Lydia**

Wow.

**00:03:11 Claire**

So yeah, it's kind of been a quite a wild ride really, but very interesting. And I guess my surprise has been how desperately needed services are, and the lack of support for people in the NHS and social care. How kind of how difficult that is really, and how tough people find to access decent support. In fact, any support really.

**00:03:37 Lydia**

I think it's so important, like, as I say, I've followed you since the pandemic and you know, I remember being sat with colleagues in an office and we look at the little, like, inspiring quotes and things that would pop up and sort of that would, you know, discuss those before we start our day. So it's definitely really, really useful. And many people have said about how, you know, invaluable the support that you provide is, which is great.

**00:04:00 Lydia**

And I wondered if you were able to give us any insight into how you have sort of evolved as an organisation since you founded Frontline19?

**00:04:11 Claire**

Sure. I mean, it's interesting hearing you saying that you should read the post, because very often when you put things out on social media, you don't often get a chance to think about the people that are kind of looking at the things that you do or utilise some of the things that we put out. So it's really nice to actually get that feedback really. So we started off, as I say, as a as a kind of a way to support people in the short term and it was only ever going to be a short term small project.

**00:04:38 Claire**

And it grew just massively within a matter of days, really. And at the very start, it was primarily focused on giving 1 to 1 support, which we still do. We offer 12 sessions with a psychotherapist, counsellor or psychologist. We also have a few students that that work with us too that are in their final year but on top of that, we also do workshops where we support people to learn new skills to manage the type of work they're doing. Because I think the longer that I've been involved in this is it's become more apparent that prevention is also part of the answer to this whole situation, because we know that burnout is going up, that people are feeling very stressed across the sector, and I think there's a combination of factors which contribute to that. Partly I think people are very, very hard on themselves. They get

quite a perfectionist attitude about kind of the way in which they work, which I understand because there's a lot of pressure on people, particularly if there is cancer or some significant thing going on then you know, obviously there's a lot of pressure from maybe the patient and the families and stuff to kind of heal this person and get them the correct treatment in a very short amount of time. But I think the human experience as it is, we all make mistakes.

**00:05:57 Claire**

And we all do things that perhaps afterwards we would look back on and think I probably wouldn't do it like that again. But the difference is I think people in the helping professions are exceptionally hard on themselves when things don't go, perhaps as they would want them to go umm and also I think generally there's a- there's not really an acceptance from the community itself about how hard it is being a helper or working in the helping professions because you know now it's a bit like trying to feed the 5000 with like loaves and fishes, you know it it there's a lot expected of people with, you know, ever dwindling resources and time and all of that stuff, and there's a lot of pressure about waiting lists. So yeah, it's it's quite interesting. And I think then you you look at kind of the layers to it, the pandemic was incredibly traumatic and still is very traumatic. I mean, it's always a difficult one when people say, yeah, that was five years ago.

**00:06:58 Claire**

Yeah, but some people are still not over that. I still have, you know things that that affect me from the pandemic. And I, you know, I wasn't- I did go into a hospital ward and sit with people and kind of work with medics at the time. Obviously at the time I couldn't really talk about it, but even now it took me a long time to be able to go into a hospital and feel OK with going into a hospital. It used to make me feel very uncomfortable.

**00:07:24 Claire**

And quite on edge.

**00:07:26 Claire**

And you know, when we first took the masks off, you know, when I see people wearing masks now it kind of gives me a bit of a jolt. And obviously I understand why they're wearing them. But yeah, the effects of the pandemic are still there. And that's not just to do with healthcare professionals. That's to do with society in

general, whether it's children that have got issues around the way they communicate, with the way they can play with each other.

**00:07:47 Claire**

Whether it's around adults, the way they move around each other when they're out and about, I just think a lot of things have changed socially and economically really. So yes, I do think it's had a, a huge impact on particularly the helping professions, but generally.

**00:08:05 Lydia**

Yeah. And have you found that the people that you support.

**00:08:09 Lydia**

Have you found that the things that they're coming to you with have evolved over time, like from, you know, when they were working initially sort of like- well we always said on the frontline, didn't we working in COVID to now like the support that you give and the like problems that they come to you with.

**00:08:26 Claire**

Definitely at the very start it was really quiet and I was thinking, OK, you know, this kind of not, you know, died down a bit and then people started coming through with with a lot of anxiety about how they were managing things.

**00:08:40 Claire**

Now it is- we tend to get a lot of PTSD post-traumatic stress disorder. We also get a lot of burnout. That's probably one of the most common ones at the moment is burnout because we've had people that have basically done the marathon of the pandemic and then gone into a situation where they've now got pressures to do with the workforce.

**00:09:02 Claire**

A lot of people have left and then you add an extra layer on that about financial issues because of pay rises and strikes and all that stuff. And then you've got an extra layer on top of that in terms of trying to get waiting, list down and so it's no surprise really that people are really struggling with burnout because they're trying to do more with even less resources than they've ever had before.

**00:09:23 Claire**

But also doing why they're probably exhausted from what I've experienced in the last five years.

**00:09:27 Lydia**

Yeah, absolutely. And what do you think are some of the biggest mental health challenges facing health and social care professionals today? And I suppose specifically thinking about cancer care, like, are there any examples that you can think of professionals that have come to you having worked in cancer that are quite specific to sort of like that work area?

**00:09:50 Claire**

I think.

**00:09:51 Claire**

The thing that surprised me the most about professionals working in the cancer field is that they haven't had perhaps any training or even enough training on how to manage emotional distress in themselves, colleagues and in the patients. We often run small courses to help people with that. So for example, if somebody has to break really bad news, it's about what kind of response you may get from that and then how to manage that.

**00:10:18 Claire**

Umm, because oftentimes people there are so many different ways that people can respond to bad news, they might go into shock and say nothing and seem absolutely fine, but kind of numb out. They might be really shouting and screaming. There can be a number of ways that people respond to that. And also, once you've had that conversation, you then walk out of that room, then how you manage your own emotional response to that, so I've often had conversations with people that say, like, how do I manage that? What? What do I do?

**00:10:44 Claire**

And so we are very practically based about saying right- It's about acknowledging how you feel, seeking somebody to talk, to have that connection and say look, just had this really difficult conversation with somebody. And actually I could do with like 10 minutes to just have a tea or something at some point and kind of making sure that you acknowledge your own part within that.

**00:11:04 Claire**

Because I don't think people generally do, I think, well, this is what I do. This is what I do for a living. I should be OK with it. And as I said before, if you're a marathon runner and you know 10 years after being a marathon runner, you end up with a hip problem, you need a hip replacement. No one's gonna say to you it's your own fault because you actually been running marathons.

**00:11:21 Claire**

They'll just say, well, you know, it's part and parcel of that and maybe you, you know this needs help with. But I think that people just need to be a little bit more reflective about their own needs within the work that they do.

**00:11:34 Liv**

That that's all really interesting and my so my background isn't in healthcare and I suppose probably quite naively like I'm, I'm surprised that this service didn't exist kind of prior to you setting it up, Claire- Yeah, I find that really shocking. And there was obviously such a huge need for it by the numbers that you shared and the number of people that were coming through.

**00:11:54 Liv**

You've mentioned like burnout and anxiety and post-traumatic stress disorder.

**00:11:59 Liv**

Could you share a little bit more about those conditions and the early signs that somebody you know in, in themselves or in a colleague, the early signs to look out for?

**00:12:08 Claire**

Yeah. And it's funny cause burnout's a funny one because you can get physical and emotional and also it can affect your behaviour. Common kind of symptoms are exhaustion, feeling really tired, regardless of how much sleep you're getting. Maybe you wake up in the morning still from it until exhausted. Maybe. Maybe your bones hurt.

**00:12:29 Claire**

Digestive issues. Maybe you get more of an upset stomach, indigestion, headaches. You might feel very emotionally detached to the work that you do. Maybe you feel very numbed out at other times you can perhaps feel really tearful. So I guess if

you're thinking about yourself, it's about whether you feel like you're acting within your normal kind of parameters of how you normally are. A common one can be people feel very isolated and tend to isolate themselves a lot. Sleep disturbances are always a really good early indicator that there's an issue if you can't get to sleep or you want to sleep too much. So I guess any kind of major changes in the way that you're feeling about yourself and maybe how you're interacting with other people is kind of a good thing to look for. And again, if you're looking at your colleagues.

**00:13:16 Claire**

If you've got someone that's generally happy go lucky and then they start to become more withdrawn and and seem very tired or you know not themselves. Maybe it's time to just have a check in really.

**00:13:26 Claire**

Internally, you might feel quite helpless about the situation and quite cynical and thinking. Well, you know, nothing's gonna change. What's the point? And you kind of start to sink into yourself. Maybe a sense of failure, self-doubt, but generally just feeling very much less satisfied than you would normally.

**00:13:45 Claire**

And kind of not feeling motivated in terms of kind of getting things done or kind of wanting to do anything, so they're quite strong feelings and and and I guess.

**00:13:55 Claire**

Unfortunately, oftentimes we are at the stage or pre stages of burnout before we actually start to acknowledge that. So I think it is about perhaps if you're not at that stage, maybe it's around looking at how you can look after yourself like you know, do you, I know that people work way over their shifts often.

**00:14:15 Claire**

But it's about- how can you give something back to yourself? How can you create just that little bit of space and it's it's difficult because we know that there are big things that you can do, but sometimes that's not achievable.

**00:14:25 Claire**



So it's about the little things that you can do, like can you go and stand outside in the garden and just sit and breathe for 5-10 minutes if it's really particularly stressful at work, can you go into the toilets and run your wrists under some cold water to kind of help calm your nervous system down? So I think it is about looking at the little things that you can do to support yourself.

**00:14:45 Claire**

On a daily basis, because ultimately you know this, this is not going away anytime soon. We have to look at ways that we can support ourselves and if you need support with how you're feeling is to come to organisations like Frontline19 or similar to get that support to learn these things. So you can look after yourselves.

**00:15:03 Lydia**

Yeah, yeah, it's so important, I guess to recognise those things and you know, thinking back to when I left clinical nursing 100%- I was burnt out. You know, it was post Pandemic, 2023 had been working so, so hard. And I guess without that recognition and I imagine that there's probably a lot of people out there that have just done the same as me, just thought you know what? I can't do this anymore and just left.

**00:15:32 Lydia**

So yeah, you know, as you said earlier, like it's so invaluable the support that you provide. I guess- do you have people that perhaps come to you that are talking about leaving the profession? And then after some support change their mind or do you find that people generally then you know they've made the decision and then they go on to leave?

**00:15:54 Claire**

No, no, you know.

**00:15:58 Claire**

We often get people that come through that are struggling and they're burnt out, but they love the work that they do, but it's about learning how to manage things in a slightly different way and I, and I think this is why, as an organisation kind of getting involved in, we need a robust preventative strategy. There needs to be part of everybody's training, whether it's paramedic, nursing, whatever it is, there has to be some acknowledgment of looking after yourself, because otherwise you're

gonna keep churning out the same people that are gonna have the same sort of issues and. And you know, that's not good for the individual. It's not good for the organisations.

**00:16:34 Claire**

So I think there has to be acknowledgment of how you look after yourself and and also there has to be a bit of a culture change of kind of looking after people which we are starting to have conversations with people you know across different government departments. And I think that it is around, perhaps then, on top of that, having like a day every year where we look at mental health and how we manage it. So yes, people come to us and sometimes it's really simple work or what we would consider really simple work about looking at how you can have healthy boundaries now boundaries always sound like.

**00:17:10 Claire**

It's a way of keeping people out. It's not actually. It's about the way that you connect to other people. So for example, if you've got a colleague that's going to text you at 3:00 in the morning and you answer and you're not at work, maybe it's about looking at- is that OK for you? Or maybe you need to say actually look, would it be OK if you if we. Yeah, I'm gonna put it on mute. I'm not gonna answer it till the morning.

**00:17:30 Claire**

But you know, feel free when you're like, I won't be answering at that moment. So it's it's gentle ways of kind of putting things in place that look after yourself. And also I think a key thing is not seeking validation of ourselves by the way, that we help other people. Now what I mean by that is that very often when people are feeling burned out and exhausted, the sense of satisfaction and a validation as a human being, they will get via the work that they do. And so if something doesn't quite go to plan, whether it's their fault or not, they will then have a drop in kind of the way that they think about themselves and their self esteem drops and so I think it's really important that we start thinking about all the good work that people have done, but also as a human being, it's OK to be a decent human being who makes mistakes. That's part of the human experience.

**00:18:25 Claire**

And you know, when we were talking about post-traumatic stress disorder, one of the common things that's often said is that, well, somehow this must have been my fault. I'm weak because this traumatic experience or set of experiences that I've been through has, you know, created PTSD. And therefore it's my fault. And I'm like, no, post-Traumatic Stress disorder is a very natural response to a very abnormal situation or situations, so it could be a serious car accident, natural disaster. It could be physical or sexual assault, it could be health problems.

**00:19:00 Claire**

It could be loss, it could be pandemic-based. I mean, anybody coming out of the pandemic who didn't have some kind of emotional scarring, for want of a better word, you know, I think it is, it's prone to come out at some point. There would be some kind of impact of going through that as a human being. You can't go through that without having it alter us in some way, whether we're on the front lines or not.

**00:19:25 Liv**

Yeah, that that's a really important point actually that it was such a significant chunk of time out of everyone's, you know, yeah, whether you're working in healthcare like you say or, you know, just affected by lockdowns. And the other things that came with it. Yeah, it it was a huge impact on everyone's lives.

**00:19:41 Claire**

As as human beings, we're not meant to live in isolation, and when you look at, there's a psychological kind of theory called Maslow's hierarchy of need. I'm sure anybody working in this sector will be very well aware of it, but basically it's like a triangle and it says different layers that you need to to kind of be happy as a, as a human being. And one of the bottom ones is about connection to other people. And because we were in isolation for such a long time.

**00:20:06 Claire**

When I live in South East London/ Kent.

**00:20:09 Claire**

And we went in and out of lockdown so many times. Some of my friends I didn't see for 7-8 months and and at the time, you know, you, you kind of would take the dog out for a walk and you'd maybe race back inside and kind of keep yourself to

yourself because it was also the fact that you didn't know what you want to catch off with other people and where that's gonna make you super ill.

**00:20:29 Claire**

And so there were so many different layers to this and also the language that we now use lockdown, you know, these were not terms that we had prior to the pandemic. So our our vocabulary has massively changed. You know we look at, you know, staying off work and I can't think of the word now, ironically, what was that called?

**00:20:49 Claire**

Furlough. Thank you, furlough. All these different things. Yeah, the the landscapes changed and in healthcare now we talk about COVID and- ohh have we got a mask mandate, are we doing this, are we doing that. It's a consideration for many people still now and and also the patients they work with particularly with cancer patients where you know their immune systems are are massively suppressed and and I think it it it adds another layer into things that people have to consider.

**00:21:18 Claire**

You you mentioned earlier about, you were surprised that this, uh type of service wasn't available prior to the pandemic. So was I actually. Because I I just honestly thought it would be a very short-term project and it wasn't until we started really getting into the work that- I mean people came forward during the pandemic with things that happened 18 years previously, you know, really big traumatic situations, terrorist activities and and they've never had any support. And so I was very surprised that the need was was at the level that it was and it still is now. And so, you know I think every nonprofit or charitable organisation needs to have the aim to do themselves out of business. So I think at some point really, if I had a magic wand, I would create a a kind of a an organisation that was fully funded by the government that that supported staff across the board with this, to have help if they are having issues, but also as I say, this preventative strategy about maybe having clinical supervision to to also talk about not only the work that they do in a medical way, but the emotional impact of that, the toll of working with people because it's not easy, it's not easy at all.

**00:22:31 Liv**

I wonder you mentioned some of the kind of practical strategies that people are encouraged to take up to look after their well-being. Do you have any other examples, personal examples that you're able to share from people who have kind of received help and then have kind of come back and shared what impact it's made for them?

**00:22:50 Claire**

Yeah, we, we, and obviously I do this with a kind of a I've changed some of the identifying features because obviously it's so important that we respect the privacy and and and confidentiality of the people that we work with, and that's kind of to reassure anyone that's listening that we do do that. But we we had a paramedic that had had a very traumatic actually a number of traumatic experiences that had happened. And the last one somebody had passed away in a road traffic accident and there was a lot of difficulties afterwards with a big group of people to do with the person that had passed away.

**00:23:26 Claire**

And so when they came through the service, they were incredibly distressed and felt actively suicidal and just was like, I can't function in the world and quite understandably so, because it had been a lot of pressure.

**00:23:39 Claire**

And and the fact that they'd been sitting on this, I think for about 9 months, so we, you know, worked with the person and ended up using a technique called EMDR, which is eye movement, desensitisation reprocessing, which is a NICE-approved technique or or or you know treatment for PTSD and after a slightly extended amount of work with us on our back working in the field and enjoying the work that they do. And so when you look at the amount of input that we had versus the you know you've got someone that's back in the field and is actually saving lives on a regular basis, that's really quite satisfying that we were able to be, you know, part of that it's always a privilege working with people because the work they do is amazing. I mean, it always makes me laugh with particularly paramedics. Like, you know, they'll make, I don't know, breathing tube out of a a a drinking straw and and a lump or chewing gum. You know, they're they're amazing people. And so- not that I recommend that, but but they're amazing people. And so when people come to us and they're at that level and they're really quite- I don't like using the word broken, but they're very, very damaged by their experiences through what would

probably cost very, very little. And we're we're funded by, you know, voluntary contributions and grants and and people donating to us, you know, when you look at that and we're able to utilise that money to provide a service and to get people back into the job that they love and also saving the NHS, you know a lot of money because you've got an experienced person that's back on the front line. You know, if this all ended tomorrow, I feel like I've, I've done my part in helping others.

**00:25:23 Claire**

But I'd like to see a change in the the policies around the way in which people are looked after, because that to me seems really important as a a kind of a legacy piece more than anything else about trying to stop as many people as possible going through this situation again.

**00:25:38 Lydia**

And I wonder if you've got any opinions on how mental health is prioritised in the NHS. I suppose I'm thinking about when I was working as a CNS, we used to have, I think it was fortnightly clinical supervision and that would be a group of us- of CNS's and actually a lot of the time I'd go there, it would just be me or maybe one other person and everybody would just say I'm too busy to come. And then I imagine possibly people are then getting to a point where they're really desperate for help. And are then coming on to, you know, somebody like yourself to get that more formal support. So yeah, I just wonder if you have any sort of thoughts.

**00:26:24 Claire**

Absolutely. I mean it, I get, I get it. Time is of the essence and people are very pushed for time, but it is so important and really as much as it sounds really kind of schoolmarmish I think it should be mandatory because you, you know, people are going to burn out if I didn't have clinical supervision.

**00:26:44 Claire**

You know a space to kind of talk through how I'm thinking and feeling about the work that I'm doing.

**00:26:49 Claire**

I couldn't do the work that I do. I'd burnout, and in fact, I did burn out a couple of times during the pandemic and I think that the whole ethos around...

**00:27:02 Claire**

You know it, it kind of blows my mind if I'm really honest. The fact that you've got people that are in the helping profession that would put themselves out so much for the people they're working with, so much for their patients and yet they treat themselves so poorly, you know, they'll just limp along- Oh, no, I'm not going to go to the doctors. And you think, like, you really do need to look after yourself too.

**00:27:23 Claire**

That is part and parcel of of kind of the work, you know, the ethos that that you should be working on. It's just really difficult to kind of experience that and I think-

**00:27:33 Claire**

Generally speaking, there's a wall of silence around mental health conditions for workers. People don't like talking about it at all, but it's so common, you know, a few years ago when.

**00:27:45 Claire**

We did, we looked at some stats around this and at that point, I think it was one in four NHS workers were suffering or struggling with PTSD, and that was at a higher level than people returning from war zones. Recent combat war zones.

**00:28:06 Claire**

And then recently I think the Office of National Statistics came out with some information and they said they thought it was more like 3 in 4 staff of the NHS had been off sick in the last I think it was six months with mental health issues, so you know, if we're looking at it from a very pragmatic point of view, I don't think anybody can afford to ignore the mental health needs of the workforce, because, OK, somebody goes sick. You've then got to pay agency, you know, people to come in and cover that shift- that's costing more money. Plus the sick leave. I mean really. If you if you if the government want to really look at this situation they have to look at all aspects of it. And a big part of that is about the prevention strategy and looking after the staff because ultimately not only does it save attrition but it also saves money, quite a significant amount of money in the longer term.

**00:28:55 Claire**

And and it you know, then it makes it more pleasant to work there and obviously people want to stay that much longer. So it's a win win all round. But at the moment.

**00:29:05 Claire**

There's no funding for wellbeing hubs. They have completely gone. A lot of Trusts are in very, very difficult situations where they're having to cut huge budgets, they're or they're way over budget. The last thing they're gonna be thinking about is the wellbeing of their staff, which I understand it. But again, this is for- as far as I'm concerned, this is part of the solution. If you keep your staff as happy as they can be, they will work harder. You know they will stay longer and they will be, you know, happy and healthier people, because tired and exhausted people make mistakes- we're human, we all do that. So I think it is- it has to be part of the solution to the current issues that we have.

**00:29:48 Claire**

I understand that Wes Streeting is obviously focusing in on waiting lists, and I understand that, but I don't think you can achieve that without looking after the staff.

**00:29:57 Claire**

I just don't.

**00:29:58 Claire**

I don't at all.

**00:30:00 Lydia**

And I think as well something that I noticed is that clinical supervision is offered to certain roles or certain bands, but actually your healthcare support worker or somebody working on a reception desk actually there is no offer for them. So have you- do you notice that there's like particular groups of people or particular roles that come to you for support, or is it just generally across the board, would you say?

**00:30:28 Claire**

At the moment the majority of people that come to us are female.

**00:30:31 Claire**

So 87% of the people that we see are female.

**00:30:36 Claire**



We do run pilots to try and encourage more men into coming and talking to us and kind of engaging with different services because obviously they need support too. During the pandemic we saw more consultants than we do now. The majority of people that we see are kind of midwives, nurses, healthcare assistants at that kind of level.

**00:30:58 Claire**

But it is very it's difficult because people, as you say, you know who's the one that's going to get the most amount of abuse in A&E. Probably the person sitting on the reception desk. And so I just think it has to be part and parcel of everybody's, you know, job description to have that emotional support because you know.

**00:31:18 Claire**

It's getting harder, it's getting harder and harder and you know the amount of abuse that people have to put up with because obviously people are waiting longer times and you know when people are going sick now, it's not a case of thinking, oh gosh, I hope Sally's OK. It's it's a case of, oh, gosh, I've got to cover that. And this is going to bring me more work to do and and that piling that pressure on you, and I've got to stay longer and, you know, then my partner's going to be angry with me because I'm not gonna get out on time, and since this roll on situation. So yeah, I again it varies depending on what's happening kind of within the NHS.

**00:31:49 Claire**

But obviously with the abolishment of NHS England, we saw quite an uptick in in obviously people concerned about wellbeing leads cause they sit within NHS England and what will happen with those roles. So it does concern me, I understand of course and we always want to work with people rather than, you know I'd never kind of criticise.

**00:32:10 Claire**

I think they're in a very difficult position, but even the kind of some of the senior managers are are really struggling right now, because they're expected to do more with less, people are losing their jobs. There's redundancies, there's all sorts of things going on with around this and the pressure to meet targets is extreme. It really is extreme. So yeah, I do think that it does need looking at.

**00:32:34 Claire**

And my hope is that we can work with different, you know, the government and different agencies to kind of get to a place where people are supported to do the work that they're so good at doing. I mean, the people in the NHS are just amazing. A friend of mine has currently just been diagnosed with breast cancer and she's very lucky. It was diagnosed very quickly, gone through the process and her biggest comment about it- and I told her I was doing this podcast- I said, what would you want anyone working in the NHS or in the cancer field to know she went that they are absolute angels. And I said why she said because they think of the smallest things holding your hand or saying, are you OK and taking the extra time she's even when, you know, they're really, really busy. They take that extra time to make sure you're OK.

**00:33:15 Claire**

And to explain the smallest of things so you feel really emotionally held, she said. Because the physical bit is one thing, but the emotional holding in that particular area, she said, is exceptionally good, which I thought was really lovely cause I think that makes such a big difference.

**00:33:30 Liv**

Yeah, that's lovely. Thank you for sharing that. My next question is, what advice would you have then, Claire, for somebody obviously working in health or social care day-to-day? What can they be doing to look after their wellbeing?

**00:33:45 Claire**

I think you've got to be realistic in what you can achieve during the day and I think as much as it's difficult, people don't want to say I'm finding this difficult. They say, well, you know, no one's listening to me. You still need to be having those conversations about. I'm struggling. I'm finding this difficult. And if you are not well enough to be at work, don't be at work.

**00:34:04 Claire**

I know that people force themselves to go in and and kind of.

**00:34:07 Claire**

We've had a couple of occasions where people have have actually phoned us from being in their car, outside work and and have really been struggling.

**00:34:16 Claire**

You're not a failure if you're struggling with your mental health.

**00:34:20 Claire**

The last five years have put everybody to the, you know, to the nth degree under this amount of stress and so.

**00:34:29 Claire**

I guess it's just about being- I loathe to say it, but you gotta be kind to yourself and go- actually, I'm human.

**00:34:35 Claire**

And actually this is going to happen. if I'm going to do something and work this hard, I'm going to be tired and actually therefore, I need to look after myself. So I think there's little things you can do about, as I say, if you're really struggling, please reach out to some of your colleagues or organisations like us. Reach out, have the conversation, ask some advice. You know, there's also the Samaritans that they're 24/7.

**00:34:57 Claire**

I think it's about not sitting in silence. That's probably the most toxic thing you can do is sit in silence and not share how you're feeling and and I know for a fact if you're feeling a certain way, there will be at least.

**00:35:09 Claire**

100 If not 1000 other people out there that are feeling the same way too, we know that from the numbers that are speaking to us the fact that the the common thing is that people don't feel good enough, that somehow if they did things differently somehow they'd be better at the job, they wouldn't feel the way they feel, which is not true. You know, you're working in very, very difficult circumstances.

**00:35:29 Claire**

So it is about acknowledging that and working with that, asking for support.

**00:35:34 Claire**

If it's inside your organisation, put it in an e-mail to somebody. If it's outside and you want to kind of have that conversation, you know, go to a support service and and and acknowledge that situation. If you can, please take your lunch hour where

possible, take yourself out of the environment that you're in now. Sometimes that's really tricky, but even if it's into, I don't know, a store cupboard.

**00:35:55 Claire**

Take yourself out the way so that you can kind of be separate.

**00:35:58 Claire**

And and you know, try not to doom scroll on your phone. But you know if you can walk outside, do that.

**00:36:05 Claire**

Reach out to some friends and do stuff that's non- medical or or kind of non-social care because we tend to live in these bubbles where we socialise with the people we work with. We talk about work all the time. Give yourself a break, that work-Life balance and where you've got people that are working in a very hybrid way now. So they might be working at home. Create a space if you don't have your own office, create a space that's separate where you do your work. So some people I know, midwives and stuff might sit and phone different clients and, You know, go through a list of people, sit at the kitchen table, sit at a different seat, you know, make it different so that psychologically you've got that break. And when you've finished your working day, go outside, walk around, even if it's just around your back garden. Create that that very kind of firm boundary about the end of your day or go and have a shower or do some exercise.

**00:36:56 Claire**

Try and do some things that actually, really help you. Exercise is a really good one, but sometimes people feeling really tired don't want to do that, and I understand that. But even just kind of getting out and walking for 5-10 minutes will be really beneficial to your mental health. So maybe do a list of things you know that really help you- listening to music in the car really loudly.

**00:37:16 Claire**

Making sure you drink enough water. Just little tiny things that you can do just to nourish yourself and look after yourself.

**00:37:22 Liv**

Thank you. That's really, really good advice, I think. If we could also kind of look to the future of mental health support in health and social care. You've mentioned that kind of preventative piece around training and education for the workforce. What does that need to look like?

**00:37:38 Claire**

If I had a magic wand, it would look like- every single trainee and student would have a mandatory mental health training, because not only would we help them, their colleagues, but I think it also would be a huge positive impact on the work that they do with patients because I think they'd have a bigger understanding of kind of what that looks like. I also think it needs to be an annual thing where people do CPD- continuous professional development- so that they have to go in and do this on a regular basis.

**00:38:11 Claire**

And I think that should be across the board.

**00:38:13 Claire**

I think that the understanding of how our nervous system works, how people can present as being really aggressive, and perhaps they're really anxious. It would enable people to interact with people in different ways. I also do think there needs to be peer support in place for all staff so that they've got somebody that they can talk to or a group of people that they can talk to offload.

**00:38:34 Claire**

Because sometimes we don't need things fixing, what we need is somebody just to listen and go- was it really bad? Yeah, it was horrendous, and they were screaming. And God, what? How did you feel when that happened? I felt really awful. OK, well, let's work with that. What do you think we could do differently to support you in that space?

**00:38:51 Claire**

So I think again, some kind of feedback mechanism, whether you call it clinical supervision, whether you call it support or peer support, that has to be a mandatory thing. So that we can't say- I'm too busy- because I don't think any of us can afford not to look after ourselves because we know that we're on a one way track if we don't start looking after ourselves, we will end up with trauma, burnout,

we spoke about Vicarious trauma earlier on. You know, we are impacted by the things that we experience and also the things that our colleagues experience. It has a major impact on who we are as people, and and whilst that's a natural response to some of the things that people might see and and experience.

**00:39:31 Claire**

There are certainly many, many things that people can do in order to to support themselves so that the damages would reduce and and kind of, you can kind of recover from these things.

**00:39:41 Claire**

So I think there needs to be a general acknowledgment at a government level about what it's like to work in health and social care. I would love to see a group of MP's working on the frontline, And and and really- because I think that's how they would experience it and they would get a really good knowledge about this so that they could then look at what's in place and look at maybe what could be changed. I would love to see that. I don't know if it ever happened, but I would love to see that happen. But I think that there has to be an acknowledgment, and also within the training about- you will probably come across burnout and be traumatised by something that happens during your career within this profession.

**00:40:23 Claire**

I don't think that's touched upon either.

**00:40:25 Lydia**

That's such a good point, recognising it as the norm so that people are prepared for it when it happens because it's not recognised as the norm. It's seen as, well, I would- I don't think it's seen as abnormal but, people don't recognise that it will happen to everyone at some point in that in their career. So yeah. I've not thought about that before.

**00:40:43 Claire**

And I, you know, I think about, I had somebody that I worked with that completed suicide and I will never ever forget that person. And I know logically that that everything I did was exactly as it should be.

**00:41:00 Claire**

You know, there was nothing I could have done differently, but I still think about it now and it still sits with me and and at the start of it, I I kind of went through it with a fine-tooth comb. Could, could there been some I did differently? Should I have done something differently? And, you know, having that space to talk that through with my clinical supervisor and some colleagues to really go through it to the nth- and revisit it time and time again, I mean, we've not touched upon debriefing sessions. I mean, if you've got a big incident and unfortunately these incidents are kind of occurring on a more regular basis, you know with maybe like, I don't know, a terrorist atrocity or, you know, something major or even just a big RTA.

**00:41:40 Claire**

There's a group of people that are going to be affected by that situation, and what happens is- people fragment. They think they've done something that perhaps didn't contribute to the positive outcome. But when you sit down with people and you actually debrief and you go through exactly what's happened, people have got very different ideas of what actually happened because they got their own perspective to it. But what tends to happen is that, people then go- well, that must have been my fault and we're like- no, that's not. That's not anyone's fault. So coming together and discussing and looking at something that's happened is so important, so that we get a proper 360 view on what happened. And people aren't taking responsibility for things that aren't their responsibility. So yes, I think it's about acknowledging- you will get patients that die, there will be ones that you you feel like you could have done more. You should have done more.

**00:42:31 Claire**

But actually there is no more to be done, because medicine is not an exact science and you can, as we know, there can be two people that come through the same door with pretty much the same symptoms. You treat them in the same way and one will survive and one won't.

**00:42:45 Claire**

And that's really tough as a person, if that's your. Nobody gets into health care or even social care to particularly work with people that are going to die unless it's like work, you know, we wanna we wanna save them and and make them happy and healthy and get them back out the door with, you know, hopefully a good quality of life. But in reality, that's not always going to be the case.

**00:43:05 Claire**

And I think it's about- when that happens, how you can support yourself and your colleagues.

**00:43:12 Claire**

It's very human to be affected by that. That's another human being that you've lost, and and you know, I've often seen people really go through it because they feel like they should have done more and sometimes it's just not possible.

**00:43:24 Claire**

And I think that has to be acknowledged.

**00:43:28 Liv**

Have you made any developments in terms of kind of changing policy and guidelines and things like that?

**00:43:34 Claire**

Yes, we're hoping to work with the Welsh Government later this year to see how we can kind of work with students and then follow that all the way through like a healthcare workers journey or as professionally so that we can look at the different aspects and the different pressure points. So that, hopefully if that happens, that will be really good. And also at the end of this year going to Westminster to do some briefing to MPs around exactly the well-being needs of the workforce. Again, I think it's about acknowledging that this is nothing new and it does need changing. You know, if we look at the way that the NHS has adapted and some of the digital work that's being done, I think there are many things that can be done to save cost and to support staff, including, you know, some kind of of support service for them. So yeah, I'm hoping that we continue to make inroads within that, and that people can feel more supported than they do now because it is really difficult to work in this sector at the moment.

**00:44:36 Claire**

And the majority of support that's provided is by nonprofits and charities, and really, it's part and parcel of doing the work. And so I think it would be really good if the government could show that they support workers within the work that they do, by having adequate resources around them.



**00:44:54 Liv**

Umm yeah, it sounds like that would make a huge difference.

**00:44:57 Claire**

I think it would.

**00:44:59 Claire**

And I think it'd save money at the end of the day as well.

**00:45:04 Liv**

Yeah, yeah. Absolutely. Kind of benefits all around, doesn't it?

**00:45:04 Liv**

So we'll move on to the kind of final section of the podcast, if that's OK. So we have three questions which we ask our guests at the end of every episode.

**00:45:16 Liv**

So the first question is- if you could go back in time to the start of your career, what piece of advice would you give yourself?

**00:45:24 Claire**

I wouldn't be such a perfectionist. I would acknowledge that psychotherapy is a two-person mission. It's not something that's done to somebody. It's a collaborative thing that people do together. And so, I remember a tutor saying to me, it's like chucking out seeds onto the ground. Some will fertilise straight away and and grow. Others will lay dormant for quite some time and then grow and others will never ever germinate at all, they'll just stay as they are, and I think, you know, some people can work with therapy and some people can't. And so I think it's around- knowing the right time to step away from something as well as the right time to step into something.

**00:45:58 Claire**

So I guess it's just about- not thinking it has to be perfect. We're all humans having a human experience.

**00:46:06 Liv**

Lovely. Thank you. And the second question is- what change would you like to see to improve the lives of people living with cancer?

**00:46:15 Claire**

Gosh, I'd love to find a cure, I guess is the answer to that one- short and sweet. And and that, I think an acknowledgement of how difficult that journey can be for people, not only physically, but psychologically, the journey of, kind of looking at things again and and if you're cancer free at some point, that fear of it coming back and all those things. So yeah, I guess it's really- people getting the support that they need and the workers getting the support they need too.

**00:46:42 Liv**

And finally, what would you like listeners to take away from this episode?

**00:46:46 Claire**

If you're working in the field and you're struggling, you're not alone. You're absolutely not alone. We've got thousands of other people that are in the same situation.

**00:46:54 Claire**

You can come and see us, we do workshops to help you manage. If you're feeling OK, but you'd like some more information to learn some more skills how to manage your work, some tips about well-being burnout, all of that sort of thing, you can come to us and we can help you with that. So please don't think that you're somehow problematic or you're not doing something right if you're struggling.

**00:47:15 Claire**

It's very, very natural.

**00:47:17 Liv**

Lovely. Thank you so much for joining us. Claire, you've shared some amazing insights, some really powerful statistics about the difference that Frontline19 is making and some really practical advice that listeners can take away and and put into practise day-to-day to really kind of prioritise their well-being. Thank you so much.

**00:47:37 Claire**

Thanks very much.

**(Outro music)**

**00:47:39 Lydia**

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**00:48:02 Liv**

If you enjoyed this episode, follow us so you don't miss our next conversation, where we'll be joined by Claire Taylor MBE, Macmillan's Chief Nursing officer and Senior Oncology Nurse, and Samina Hussain, Macmillan lived experience Strategy Advisor. We explore the how and why of Macmillan's new strategy, bringing it to life through real stories and experiences.

**00:48:20 Lydia**

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**00:48:37 Liv**

I'm Liv.

**00:48:38 Lydia**

And I'm Lydia, and you have been listening to the Cancer Professionals Podcast by Macmillan Cancer Support.