

The future of mental health services: Annex

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Survival Surgeries: Working on the Healthcare Frontline

Whether you're a self-employed therapist or a nurse working in old age care, Survival Surgeries are a simple way for you to build your capacity to address workplace problems. This model has been developed by Surviving Work, working with health workers in diverse settings, based on the principles of adult education and using tried and tested activities that have brought about real change in workplaces all over the world.

These methods can be used in formal and informal meetings, workshops and group events wherever workers want to develop an agenda for change.

Survival Surgeries follow three core steps described as the **LAUGH** approach:

Stage 1: Starting where you are by **L**istening and **A**ssessing what is actually going on at work

Stage 2: Understanding your environment and identifying resources that

you individually and collectively have

Stage 3: Getting **H**elp from the people around you and collectively solving problems

The model always involves these three stages of establishing what the real problems are, getting more information and collective planning.

Getting started

How you start very much depends on your working environment. It may be that you are part of an existing group or team that wants to try this model for managing discussions. If you want to establish a group yourself you can do this as part of a professional development, team-building, supervisory or social activity. Surgeries can be described in any way you think will work in getting people to join - from book clubs to reflective groups - use whatever language you think people will be receptive to. People tend to find it easier to attend a more technical learning group - such as discussing new policy or research - but the key is to develop a safe and containing space where people can say what they think.

On a pragmatic note, often if you ask your workplace for permission to start a new 'project' the answer will be 'no'. You do not need permission to set up an informal group or safe space for the people you work with. In fact it is worth having a go at setting up a space informally a few times before going public with what you want to do. Much easier to get people to sign up to something that already exists, and much harder to block it too.

It is useful to start with two or more people who are driving the process, securing participation and facilitating the initial Survival Surgeries. Over time you will build up capacity for members to rotate facilitation and people will emerge who want to run sessions. When you're starting a group it is often easier to start small with regular meetings, usually with monthly or six week gaps.

Because of the likelihood that issues of conflict and anger will arise in surgeries you need to set some clear ground rules for discussion. These are:

confidentiality of content

anonymising workplace issues to reduce scapegoating

respect and equality of everyone's experience

voluntary attendance but a commitment to attend regularly

no lectures, posturing or power points.

You will also have to think about whether you invite managers and supervisors to your surgeries. This is a judgement call that you should think carefully about - whether their participation will help or hinder collective action and dialogue within the group.

Sample Survival Surgery

Following the three LAUGH stages, here are three activities that you can use to run a Survival Surgery. This sample session can take 2-3 hours, about the length of a staff meeting and a time frame that people can generally commit to. Group size can vary from roughly 8-30

- even larger if you're comfortable but if you're starting a new group around 15 people is ideal.

Set your ground rules: just introduce your ground rules - it helps if you write up on a flip chart.

Activity 1: Listening swap (30-45 minutes)

Ask participants to work in pairs, preferably with someone they don't really know. One person will be the speaker, speaking for 5 minutes about what is on their mind with the listener just listening. No prompting, questions or normalising, just listening. After five minutes ask people to swap round.

The more open you leave this the better but you might want to focus this activity using an open question such as 'What is the real issue you're facing at work today?'

Depending on the size of the group you can ask participants to say what came up in the Listening Swap and write these down on a flip chart. The issues raised here become the focus of the discussions during the Survival Surgery.

If you are working with a larger group (over 20) you can ask people to work in groups of 5 or 6 to discuss the key themes that came up for 15 minutes and then have a whole group discussion (15 minutes).

Activity 2: Understanding workplace issues (30 minutes)

You can do this activity as one group if you have less than 15 members. If you are working in a larger group, ask people to work in small groups of 5-6 people.

From the previous activity ask if there is a case/issue at work that one of the participants would like to discuss with the group. Normally people are willing but this may take some encouraging noises from the facilitators. This person will spend 5 minutes introducing the problem they are facing at work. It works better if the person speaking uses flip chart paper to draw a map of the issue so that participants can see the issue from an organisational

perspective. Participants will then reflect back what struck them about the case and collectively identify what the issues behind the case are.

Small groups should be asked to write on a flip chart the issues that emerge from this discussion - in a larger group you as the facilitator should summarise the issues around the case. You can take a five minute break here if needed.

Activity 3: Collective problem solving (30 minutes)

Continuing with this case study, ask people to work in groups of 3-5 people to identify three or more actions that could be taken to address the issues raised. It is important here to work in smaller groups to allow for a real exchange of people's experiences. It can help to focus discussions to ask people to come up with three things that could be done but obviously if people have more then try to capture them. After 20 minutes, ask each group to report back on their proposed lines of action with the facilitator writing these on a flip chart. The next stage is a whole group discussion to identify the actions that the participants think are realistic and can be committed to both in the short and long term.

Whatever is agreed by the group during this activity is the plan of action for the group, so if the usual suspects end up with all the tasks allocated to them then you will need to address that in the group. At each subsequent surgery it is important to review the plan of action and discuss any issues that arise (loads) since the last surgery. You can do this using an amended version of Activity 2.

Summarise the survival surgery: Normally you will use the last 15 minutes to review what has been agreed and set the date for the next Survival Surgery.