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## Supporting MRT Mental Health: Through COVID-19 and Beyond

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### ABSTRACT

The COVID-19 pandemic has had an exceptional impact on the healthcare profession, and in particular, on the mental health and wellbeing of healthcare workers. The Canadian Association of Medical Radiation Technologists (CAMRT) has been working on ways to prioritize the mental health of their members while increasing advocacy efforts. Conducting a national survey on mental health and interviewing medical radiation technologists (MRTs) highlighted the challenges that exist while also informing which support system components are most needed to improve wellbeing. The purpose of the research is to share the lived experience of Canadian MRTs in relation to their mental health during the pandemic. It adds to the knowledge gained from the survey by exploring in depth accounts of what MRTs felt and experienced during COVID-19. Understanding this challenging time period may aid in developing additional resources and support for MRTs in the workplace. The overall message in healthcare should be, optimize your wellbeing and your patients will be taken care of too. Recommendations to foster this message includes empowering MRTs to advocate for their mental health and wellbeing,

promoting timely and adequate supports, monitoring the mental health of our professional landscape and welcoming others to join the conversation. This paper examines what mental health supports are recommended by the MRTs who were interviewed, and the information gathered from the CAMRT Mental Health of Medical Radiation Technologists in Canada 2021 Survey.<sup>1</sup>

## **Introduction/Background**

Mental illness is the leading cause of disability in Canada,<sup>2,3</sup> with healthcare professionals 1.5 times more likely to be absent from work due to illness or disability than any other workforce sector.<sup>4</sup> Medical radiation technologists (MRTs) are a group of professionals working within four patient-facing disciplines: radiological technology, nuclear medicine, radiation therapy, and magnetic resonance imaging.<sup>5</sup> They are the very image of care; the essential link between compassionate care and the most sophisticated imaging and therapeutic technologies, contributing their expertise to the diagnosis and treatment of millions of Canadians each year.<sup>6</sup>

Given the rapid evolution of technology and the changing regulatory environment, it is important for medical radiation technology professionals,<sup>7</sup> policy and decision makers for the profession, and employers to understand the contributions that MRTs make to the broader healthcare community in their practice. Research indicates that MRTs are subject to chronic stress that can be emotionally draining and lead to burnout.<sup>8,9</sup> In the recent Canadian mental health survey undertaken by CAMRT and its partners, emotional exhaustion, a component of burnout was prevalent across MRTs, with more than 57% of MRTs in every discipline reporting moderate or high levels of emotional exhaustion.<sup>10</sup> Across other literature, the prevalence of emotional exhaustion as a component of burnout ranged from 48% to 93% in surveyed MRTs in similar contexts such as Australia and the United States.<sup>11,12</sup> These results are consistent with other health professions.<sup>13,14,15</sup>

Evidence suggests that mental health wellbeing silence and stigma are active within the MRT community.<sup>16</sup> This is especially important given the pandemic context of COVID-19, where MRTs are experiencing higher levels of burnout, staffing shortages, and lacking the resources to address these concerns individually and organizationally.<sup>17,18</sup> Recent studies have found that healthcare professionals require tangible actions and visible leadership to address mental health concerns within the workplace during these difficult times.<sup>15</sup> Now more than ever, MRTs need to feel supported, not just on an individual level but organizationally and in society. The goal of this paper is to offer a variety of recommendations to support MRT mental health in Canada.

## **Methods**

This exploratory qualitative study based on interviews was conducted in 2021 and employed semi-structured interviews with four MRTs and four stakeholders, as well as one focus group comprised of seven participants.

## **Ethical Approval**

This research continues from the CAMRT Mental Health of Medical Radiation Technologists in Canada 2021 Survey.<sup>19</sup> The University of Ottawa granted approval for the survey. The qualitative component of the project, which is the focus of the article, was in line with Article 2.5 of the Tri-Council Policy Statement (TCPS) 2. The TCPS 2 provides ethical conduct guidelines

for research involving humans. These were activities that would be normally administered in the ordinary course of the operation of CAMRT, hence considered a quality improvement type of project. The Research Ethics Board (REB) from the University of Ottawa agreed the qualitative part was in line with regular organizational quality improvement and did not require REB approval.

## **Sampling and Recruitment**

### *Focus Groups and MRT Interviews*

The focus group and individual MRT interviews discussed the lived experience of mental health. This gave us an idea of experiences across the different disciplines. The additional stakeholder interviews were conducted with experts in the field, managers, or other leaders in the field. These discussions added another layer to help inform the development of the best practice guidelines for mental health in greater detail.

We proposed to conduct four focus groups with MRTs employed in each of the disciplines representing the MRT community and include members across Canadian provinces and territories, with five to seven MRT participants in each discipline-specific focus group. Recruitment challenges given the increased work demands during the COVID-19 pandemic made it difficult to arrange for focus groups of this size. After recruitment efforts, we ended up with one focus group comprised of seven participants. Each participant from the focus group was offered a separate semi-structured interview if they wanted to provide additional information in a more confidential space. Two individuals agreed to participate (weighting consideration was accounted for in the thematic analysis). Semi-structured interviews took place with four MRTs and four stakeholders in total. The focus group and semi-structured interviews were conducted asynchronously to accommodate participant schedules and workload commitments.

The sample of MRTs that are members of CAMRT were recruited through the organization communication channels, including posting in the newsletters sent out to the membership. Given the importance of obtaining as many individuals to complete the study and provide an accurate national perspective on the proposed topic, recruitment of participants occurred via three platforms: email reminders, the organization's newsletter and a notification announcement on the organization's website. Additionally, CAMRT utilizes social media for communication with members (e.g., Facebook, Twitter, and LinkedIn).

Interviews were conducted with MRTs from each of the disciplines representing MRTs and included members across six Canadian provinces. The discussions highlighted pertinent concepts in each discipline and generated discussion on individuals' mental health experiences at work and identified potential themes for best practice guidelines. See the Appendix for a copy of the interview guide. The focus group was conducted using a secure virtual conference platform for audio recording, and lasted over one hour.

### *Stakeholder Interviews*

Individual semi-structured interviews were conducted with stakeholders including experts, managers, or other leaders in the field. The interview questions were based on literature,

following a scoping review<sup>20,21,22,23,24</sup>. The interview questions were reviewed by the research team and were cross referenced with similar content from the scoping review. The survey and interview guide were developed at the same time and input was gathered from team members working on the project. There was no pilot component of this study.

Stakeholders were recruited using a variety of methods: (1) stakeholders were identified by the Director of the Professional Practice and Research Department at the CAMRT and emailed with an interview invitation directly, (2) stakeholders were invited to self-recruit to the study from recruitments posters shared with the CAMRT membership, Professional Practice Advisory Committee (PPAC), and through CAMRTs social media platforms.

### **Data Collection**

The focus groups and interviews were conducted using GoToMeeting, a secure virtual conference platform. Focus groups and MRT interviews lasted approximately an hour, and stakeholder interviews lasted approximately 45 minutes. All focus groups and interviews were audio recorded and transcribed verbatim using Otter.ai, an online transcription software. All participants signed a letter of informed consent prior to engaging in the interview process and a participant information sheet was provided via email. During the focus group, MRTs were provided the option to turn off their video and only first names were used unless participants preferred to utilize a pseudonym. Participants were offered the option of turning their video off and utilizing a pseudonym due to the sensitive and personal nature of the focus group conversations. Maintaining a comfortable atmosphere for everyone outweighed the benefits of viewing participants on the screen. Facial expressions and body language were not analyzed as researchers were focused on thematic analysis of the transcripts themselves. Participants were encouraged to contact the researchers if they had any questions or concerns after the interview and additional resources to deal with potential distress from COVID-19 were highlighted on the CAMRT website.

A semi-structured open-ended protocol for both the focus groups and interviews was developed by team members with experience in qualitative research, mental health, and medical radiation technology. This structure allowed for the systematic collection of data and comparability of responses, while still allowing the interview to be conversational enabling new ideas to emerge.

Focus group and MRT interviews highlight pertinent concepts in each discipline and generate discussion on individuals' mental health experiences at work and identify potential themes for best practice guidelines. Stakeholder interviews help inform the development of the best practice guidelines for mental health in greater detail than the focus groups, which tend to examine mental health experience through the lived experience.

### **Data Analysis**

Focus group and interview data was analyzed using Braun and Clarke's method of thematic analysis.<sup>25</sup> Interview and focus group transcripts were uploaded to NVivo, qualitative data analysis software for the thematic coding. The steps involved in thematic analysis are familiarizing yourself with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report.<sup>26</sup> Two researchers met iteratively to discuss emerging themes and gaps in the interviews in order to probe further in subsequent

interviews. The researchers continued to discuss the themes throughout the data analysis and write up of the paper. During analysis, we sought to reach saturation of themes across focus groups, MRT interviews, and stakeholder interviews. Data was triangulated from both the focus groups and MRT interviews in order to enhance the validity and credibility of the findings. Survey data was also taken into account as part of the analysis process as many of the prominent themes that emerged from the survey were discussed during MRT interviews.

## Results

The socio-ecological model was utilized to illustrate various levels (e.g. individual, relationships, organizations, communities, policy, and society) and the factors that influence mental health and well-being.<sup>27</sup> The contributors to and impact on mental health were most often discussed at the individual, organization and policy levels which is why we focused on three of the six levels. The socio-ecological model was chosen due to the interconnectedness of physical health with mental health and the importance of centring on multiple levels of impact within an area that is interrelated and complex. Support for MRTs has been divided into three levels; policy, organizational and individual. The policy level is intentionally being presented first to highlight the importance of broader level changes and their potential impact on MRT mental health.

**TABLE 1:** Qualitative Themes, Impacts and Recommendations to Improve MRT Mental Health

Level	Targeted Themes	Mental Health Impact	Recommendations
Policies	<ul style="list-style-type: none"> <li>Lack of professional recognition</li> </ul>	<ul style="list-style-type: none"> <li>Disrupted professional identity, passion for job, trust in government</li> </ul>	<ul style="list-style-type: none"> <li>Clear recognition of patient facing profession</li> <li>Equitable resources for all patient facing professions</li> </ul>
Organizational	<ul style="list-style-type: none"> <li>Lack of professional recognition locally</li> </ul>	<ul style="list-style-type: none"> <li>Resentment and anxiety for organizational practices and management</li> </ul>	<ul style="list-style-type: none"> <li>Resources that are timely, targeted and easily accessible for all MRTs</li> </ul>
Individual	<ul style="list-style-type: none"> <li>Chronic stress leading to burnout and compassion fatigue</li> <li>Acute stress leading to vicarious trauma</li> </ul>	<ul style="list-style-type: none"> <li>Continuous and increasing negative mental health issues</li> </ul>	<ul style="list-style-type: none"> <li>Providing pandemic therapeutic training for MRTs</li> <li>Supporting MRTs virtually through a mental health portal</li> </ul>

### Policy Level

Provincial and territory governments did not set out to intentionally damage the MRT professional identity by not recognizing them as frontline professionals. The governments were working through complex situations and deriving solutions based on the best information available and limited resources. When asked if MRTs had appropriate access to personal protective equipment (PPE) similar to other health professions and recognition of a patient facing

profession, would that have supported their mental health? One participant answered, “*We felt like we were not seen, so if we felt seen mental health would not have been as bad.*” CAMRT conducted a survey during COVID-19 and asked the 36% of MRTs who didn’t have access to PPE if they had the same (equal) access to PPE as other frontline healthcare workers within their facility, 60% of respondents replied no.<sup>28</sup> MRTs felt their identity was damaged by the government’s decision not to recognize them as frontline professionals. This decision negatively affected MRTs professional identity. One participant shared, “*We are members of a multidisciplinary healthcare team but we are considered kind of periphery, and not on the frontline. There has always been a baseline of not feeling seen or understood*” Looking across the healthcare system one MRT said, “*There is a feeling amongst employees I work with we don’t matter, we are not as important as nursing and our profession is not understood.*”

Governments should consider the mental health ramifications of policies during pandemics as it can directly affect MRT motivation and professional passion, and ultimately can have a negative impact on mental health. Governments need to recognize the patient facing duties of MRTs because MRTs routinely work with patients who are vulnerable and in need of extra care.<sup>29</sup> Policies should not be exclusionary which should avoid focusing on who is important and not important. Although government policies are integral, parallel efforts should include shifting the focus to advocating for decreased stigma surrounding mental health.

Policies and associated products must be evaluated to ensure the mental health component is meaningful and conducive to the environment that MRTs work in. There has been an alarming increase in the number of MRTs demonstrating severe mental illness, with nearly eight times more participants experiencing significant distress between 2018 and 2021.<sup>30</sup> Referencing to the stigma surrounding mental health a technologist mentioned,

*I think a lot of people have a hard time making that realization that they need help. One thing that really affected me was on Bell Let’s Talk Day, I have a close friend who does a video and even that video I could start to see myself in that. Those confessional style videos coming out have the biggest impact, hearing the stories of other MRTs create that conversation.*

Another participant echoed this sentiment saying,

*The key for me is mental health education and stories from fellow MRTs. Hearing those stories has the capacity to help distinguish position within the profession. It can’t be underscored how important those stories can be from fellow MRTs because when you see people who look like you and do the job you do, the person talking gets you and has a fulsome understanding of that.*

Policy makers need to be cognizant of the impact of lived experience in reducing the stigma surrounding mental health and increase the use of mental health services. More money needs to be allocated in the budget to provide timely access to mental health supports. MRTs felt that providing more mental health support would help decrease the stigma associated with mental health in the workplace. More complex mental health care and support is needed beyond Employee Assistance Programs (EAP). Long wait times exist for employees who need to speak to a mental health professional which calls for an increase in system wide supports.



MRTs suggested promoting designated mental health days, more flexible work schedules and time to debrief after a traumatic case as meaningful supports. From a systems level perspective many participants spoke about changing the policies that exist, for example, *“Policies need to have a greater understanding of what is needed in terms of time off, sometimes for mental health struggles, and it’s not just stress leave, it’s deeper than that and involves more counselling than that.”* Another MRT shared,

*I don’t think any management would tell you no if you need to go off, but there’s ramifications for that and you’re not always supported after you come back so that can be a huge barrier to people reaching out for help because of those institutional policies and programs.*

One suggestion that was mentioned by multiple participants was to create a policy for designated mental health days and mental health leave,

*In order for the institution to see how much of a problem it is, we need to designate a mental health leave. If designated as such it’s a little bit more visible as to how big the problem is, as opposed to just sick leave.*

When asked about the mental health environment at work, a participant from MRT disclosed, *“I feel like their policies are outdated but they still (exist), they’re not flexible to change them or look at ways to improve them. That’s kind of following the same thing because they’ve always done it that way.”*

Providing equitable resources for all patient facing professions will ensure MRTs can provide the best care for their patients in a sustainable way.

### **Organizational Level**

In the early stages of the COVID-19 pandemic, many organizations focused their mental health services for MRTs at the individual level. One participant shared, *“Work was sending out emails about the importance of self-care, the focus was on you as the individual and that is your problem not an organizational problem.”* Although the organization’s intentions were not likely to be without good intent, the ability to account for psychological safety and services within the workplace was considered underserved and inadequate. Distrust grew for management and administration changes in policies and procedures to secure MRT and patient safety. Tangible items such as communication and providing free lunch were appreciated initially, however MRTs highlighted the superficial level of these services as time passed and greater mental health supports were required. They also desired recognition from the organization for their patient facing roles and potential exposure to COVID-19. Speaking about what is currently being done to support mental health a participant stated,

*The health and wellness division of the hospital tried to do some things over COVID but it was mostly watch this webinar and here is this pamphlet to read. The intention was good but I don’t think it’s really hitting the mark of what people need.*

During COVID-19 many professional groups were divided down and some were left feeling more important than others. It is critical to impart the message that EVERYONE in healthcare is important. An experience at the hospital may begin with a porter helping you find your way and

end with a doctor prescribing treatment. Although every component of the healthcare system is equally important, and this should be reflected in the wages being provided.

Mental health supports offered at the organization level need to be targeted, timely and easy to access. MRTs want respect for what they do and want to be recognized as a vital part of the healthcare system. Paid mental health sick days were suggested by a few participants and utilizing the EAP received mixed reviews. When asked about their experiences with the EAP a participant from nuclear medicine shared, *“It was a really quick response; they provided me with documents that I could go over and I had four hour long therapy sessions so my experience with EAP was very positive.”* A magnetic resonance imaging professional echoed this sentiment stating, *“Counselling through the EAP program has helped me focus on my work and I’ve learned to ignore some things and focus on the actual work we’re doing.”* Another participant felt the EAP program could be marketed better saying, *“We have an EAP program but it’s not talked about a whole lot outside of we have it and you can access counselling, that’s really it.”*

Providing MRTs with an orientation regarding the EAP program and highlighting what services are available each year would provide a positive starting point for supporting MRT mental health. The value of these services was seen to support the wellbeing of the workforce and counter some of the burnout effects of the pandemic.

An organizational support discussed by most participants included designated debrief time after a traumatic case. This concept was recognized in terms of chronic exposure to trauma (e.g., pandemic) as well as acute cases,

*Part of our workplace culture, or maybe it’s a pressure we put on ourselves, we’re just expected to deal with it and then move on and be ready with that smiley professional face with the next case and it’s just sometimes not possible.*

Deeper level change includes building debrief for trauma cases directly into the workday with doctors and nurses. Targeting leadership within a particular department was discussed at length because they have the ability to set the tone, *“I think it’s important that senior technologists are screened in a way that they pick people that are personable and compassionate. The culture is based on the leader of the department.”* The organization needs to be transparent with MRTs when changes are made so everyone is kept in the loop. If we build management mental health supports into place the effects will trickle down to MRT mental health.

When asked what supports should continue beyond COVID in terms of mental health one participant mentioned,

*There were actually a couple of things CAMRT did that I know my colleagues really appreciated that had nothing to do with teaching. They did dance classes and had someone come in to do a meditative breathing workshop. It was fun and took your mind off the pressure you may be feeling at work. I think those things need to continue because they are good for us and good for our state of mind.*

Another technologist shared,

*I think having proper breaks is really important because sometimes you get busy and you can’t take half an hour and you don’t get compensated for that. I think that should be*

*valued more than keeping up with a schedule and passing patients from the schedule because it's hard to sustain that.*

There is no one-size-fits-all approach for supporting mental health, however providing a variety of mental health support options for MRTs to choose from gives ownership to individuals to choose what resonates with them at a particular moment in time.

### **Individual Level**

Participants talked about self-support and peer support during the interviews. Peer support was activated with limitations because COVID-19 caused emotional exhaustion and physical barriers among MRTs. Burnout caused some interview participants to take a leave of absence from work, one participant said, "That time off was essential for me to physically separate myself from my workplace, which was a huge source of stress for me." Another MRT admitted, "I've been riding on an empty tank for a long time, in the weeks that I'm on call there is no break, it's like a never ending day." When prompted to discuss support within the workplace an MRT disclosed, "*I just felt like I had given so much of myself at work, that I had nothing left to give myself when I was at home, so nobody really knew I was struggling.*" Another MRT shared, "I've just gone back to work, I was off for nine weeks on mental health leave for burnout. My biggest fear going back was, how am I going to be judged?" After receiving treatment from a therapist a burden was lifted and the technologist shared, "*I could go talk about my emotions and go back to work, the level of support I received from my co-workers over that three days I hadn't gotten in the 12 years that I worked there.*" Opening the dialogue surrounding mental health can allow MRTs to feel supported at work and home which in turn improves patient care. When MRTs are taken care of their patients are as well.

MRTs cited that mental health was important but their conversations indicated they were not fully there yet, as many participants mentioned wellness initiatives. Reflecting on self-care practices that were effective one participant confessed,

*Just taking a moment to myself and focusing on one thing and breathing while counting to 10. I use my dogs because they're my great little therapy animals. If I was feeling overwhelmed, I would just go to one of my co-workers and say I need five minutes to re-energize before going back so I think I was better at recognizing those things.*

Not to downplay the importance of yoga, mindfulness and calming practices,<sup>31,32</sup> conversely other options need to be provided for MRTs who are struggling day to day. MRTs should not have to wait months to speak to a mental health professional or be placed on a wait list for services when the need is more immediate in nature.

MRTs were aware of the benefits of positive mental health nonetheless they flagged internal supports and external barriers. Reflecting on the socio demographic characteristics of MRT mental health a female participant articulated,

*The majority of the profession is female, women are expected to be amazing at everything and so I think sometimes they have a harder time admitting they're struggling. The women I work with say, I have to look after my kids, my partner, I don't have time to look after myself. The notion of reaching out for help and going to counselling or going to see your doctor, but what you're feeling is I just don't have time.*

Mental health at work is related to the gendered division of labour in the home, job strain has been found to have a negative effect on life stress among women but not among men.<sup>33</sup> Men and women disclose and access supports, and experience tensions differently, in part to inequalities in social relations at work.<sup>34</sup> We encourage MRTs to speak up when they are feeling overwhelmed and to reflect on the various factors affecting their mental health.

MRTs value having control over events that influence their lives such as booking a therapy appointment but COVID-19 changed the amount of control MRTs had in their workplace. MRTs discussed isolation at length and focused on their relationships at work. Human beings are social by nature so active team supports were not in place during the beginning of the pandemic. Discussing how COVID has affected individual MRTs support systems, an MRT explained,

*We're in a pressure cooker, where we aren't used to doing the same things we're used to doing, we're not allowed sometimes to see the people that we would like to see and we're not allowed to go to the places we would like to go. A lot of the outlets that people had as a way of managing their mental health have been taken from them. Consequently, we are seeing higher incidences of people who feel burnt out or people who just feel that their mental health is suffering.*

Relationship building in a remote environment is still possible although it's not the same as face to face interactions. Remote learning and interaction involves a steep learning curve depending on individual MRT comfort level with technology. Utilizing Google meets or Microsoft Teams is one way to build a virtual community of practice for MRTs. MRTs need to value how mental health evolves over time, and ask for support at work. Training should be offered so MRTs can recognize when they shouldn't be at work (presenteeism vs. absenteeism) and only go back when they are well to do so because patient care and safety is important too.

Providing pandemic therapeutic training would help MRTs deal with patients and offer therapeutic approaches so MRTs can learn how to help patients without burdening themselves in the process. This would also help MRTs recognize the continuous nature of mental health instead of waiting until the situation is dire before seeking help. The isolation and division caused by COVID-19 can be addressed by providing MRTs with virtual counselling, therapy, peer connection and peer support groups with dedicated time during the work day.

## **Discussion**

Working during the pandemic affected MRT mental well-being across the globe as individuals had to cope with irregular shifts, increased radiation exposure, serious risk of contracting the virus, insufficient protective measures and a heavy workload.<sup>35,36,37,38</sup> We are proposing that each level of influence work together in order to create meaningful change. Governments need to ensure policies are not exclusionary and apply to everyone working in the healthcare system which goes beyond the scope of COVID-19. Policies help support individuals and yet the system needs to change as well. Evidence demonstrates that mental health wellbeing silence and stigma are present in the MRT workplace community.<sup>39</sup> The stigma surrounding mental health is a barrier to MRTs speaking out and accessing supports. The budget for mental health supports needs to increase in order for the stigma surrounding mental health to decrease. Increasing financial aid will always be a barrier to increasing mental health supports however the cost of doing nothing could lead to large numbers of MRTs leaving the profession.<sup>40,41</sup> We believe

investing capital in mental wellbeing outweighs the costs of hiring and training new MRTs to repopulate the profession.

The mindset around mental health needs to respect the individual nature of mental health challenges. Individuals have different experiences and require different support in order to be mentally well at work which was evident in speaking to MRTs during the interview phase. Supporting positive mental health is not a one-size-fits-all approach which is why preventative measures such as increased flexibility in schedules working in tandem with action based supports, such as timely access to therapy, will create collective change.<sup>42</sup> Optimal patient care will not be achieved until the healthcare system looks at the continuous nature of mental health. If patients want the best quality of care, MRTs also need to be provided with the best quality of care. These recommendations go beyond the scope of a global pandemic and will ensure the longevity and sustainability of the healthcare system.

## Conclusion

To create healthcare environments where healthcare workers feel supported we must understand the challenges MRTs face, the world they work in and understand that mindfulness is not the solution; it's a tool.<sup>43</sup> CAMRT has been committed to surveying members on a regular basis since 2018 in order to check on MRT mental wellbeing. An increase in stress levels is still observed despite increased awareness of stress reduction programs and there are not enough allied health professionals to get the work done. The theme of 'too much work to do everything well' is longstanding.<sup>44</sup>

The mental health crisis in healthcare will continue beyond COVID-19 if positive change is not implemented.<sup>45</sup> Individual MRT resilience alone cannot be the only strategy relied upon to get us through the pandemic.<sup>46</sup> Supporting MRT mental health through COVID-19 and beyond involves a multi-layered strategy that incorporates contextually relevant ways of addressing the unique features of MRT work. The lack of mental health support paired with the rapidly changing PPE protocols does not set MRTs up for success. MRTs need to feel included and part of the positive change that can come out of the pandemic. This will have the greatest impact on supporting the mental health of MRTs and prevent the consequences of mental ill health.

Mental health is ongoing and needs to be re-assessed regularly. A leave of absence survey conducted by CAMRT in March 2021 showed a high incidence of respondents not disclosing mental health issues within the workplace. Facilitating a new survey surrounding the nature of harassment/bullying in the workplace is recommended to understand what systemic changes can be made to improve workplace mental health. The goal is for all MRTs to have optimal mental health. Mental health is affected by many factors and therefore ebbs and flows and changes over time. If MRTs have a support system and the appropriate tools in place they will be better equipped to deal with hardships when they come. There needs to be a joint responsibility between MRTs and CAMRT to support mental health in the workplace.

At the end of the day MRTs can engage with individual level supports but the healthcare system also needs to change. Mental health is a journey not a destination.

## Appendix

### Focus Group Interview Guide

<p><b>Icebreaker:</b></p> <p>We are taking an ‘intersectional’ lens with this project. That means we want to understand the focus group discussion through understanding the factors that contribute to it. For example, factors such as gender representation, sex, age, culture, ethnicity, career stage, rural / remote, or other important concepts to you might be important to note in your discussion. To get us thinking with this intersection lens...</p> <p>Can you tell us briefly describe where you work? You can also talk about characteristics of the population you serve and if your department staffing is representative of that population or not. But, remember you do not need to name the place you are working.</p> <ul style="list-style-type: none"> <li>▪ <i>Setting in which you work (urban, rural), shift work, trauma cases, populations with which you work (see below)</i></li> <li>▪ <i>Intersectionality &amp; diversity → Canadian Indigenous populations, International populations (different cultures, ethnicities)</i></li> </ul>	
<p><b>MH for Individual</b></p>	<p>Let’s move into the topic of mental health of our focus group.</p> <p>1) Can you describe your mental health at work and how has it changed during the pandemic?</p> <ul style="list-style-type: none"> <li>○ <i>Work-life balance, change in work hours, pandemic fatigue, workplace violence/ harassment/ aggression, toxic culture, power struggles, etc. (intersectionality)</i></li> <li>▪ We are taking an ‘intersectional’ lens and so would like to know how mental health experiences are affected by factors such as gender, <b>age</b>, culture, ethnicity, career stage, or other important concepts to you.</li> </ul> <p><u>For example:</u></p> <ul style="list-style-type: none"> <li>▪ I’m a woman working in a predominantly female-dominated profession. However, I’m in a hierarchy where the people above me are typically male and so I see a lot of power-based struggles about gender.</li> <li>▪ I’m an immigrant and a visible minority in my workplace and the implications this has on my mental health.</li> </ul>
<p><b>MH in Workplace/ Profession</b></p>	<p>2) How does the place/context in which you work impact your mental health or the mental health of others?</p> <ul style="list-style-type: none"> <li>○ <i>Stigma, toxic individuals, areas of discrimination, personal cultural or beliefs, access to resources, working alone, shift work, patient load, trauma cases, etc. (target items for survey)</i></li> <li>▪ Are there any work-specific concepts that drive poor mental health in your workplace or profession?</li> </ul>
<p><b>Discrimination</b></p>	<p>It’s been found throughout the literature and in our previously mental health surveys that discrimination is a driver to poor mental health. In 2018, around one quarter of MRTs felt discriminated against, but we didn’t have specific questions asking what discrimination was occurring. So, we’d like to delve into this a bit today.</p> <p>3) Do you feel discriminated against at work and why? If no, why not? How does this impact your mental health?</p>

<b>Coping Processes</b>	<p>We've had great discussion on the factors that influence mental health at work. Now, we want to switch gears to talk about responding to mental health needs. We're trying to think of these actions along a spectrum from preventative, responding directly to mental health issues, and maintenance of mental health.</p> <p>4) What do you do to promote good mental health in your life and / or cope when you are experiencing mental health concerns?</p> <ul style="list-style-type: none"> <li>▪ What impact does this have on your daily work? <ul style="list-style-type: none"> <li>○ <b>Positives:</b> <i>Resilience, reflective practice, mindfulness, use of EAP programs, creating positive work environment, self-awareness, cultural humility, etc.</i></li> <li>○ <b>Negatives:</b> <i>presenteeism, absenteeism, productivity levels, work quality, LOA</i></li> </ul> </li> </ul>
<b>Supports for MRTs</b>	<p>5) How can MRTs be better supported in the workplace to decrease their mental health concerns? Are there any programs, policies, guidelines, activities, or other concepts that are helpful or would be helpful?</p> <ul style="list-style-type: none"> <li>○ <i>Positive work culture, personal cultural or beliefs, access to appropriate resources, ability to ask for support in workplace, flexibility and support from employer, etc.</i></li> </ul> <p>The discussions we've had today as well as throughout our other focus groups will help inform the development of best practice guidelines for mental health. Our BPGs live on the CAMRT website and provide MRTs with additional resources and recommendations and discussion on how an MRT might reach the described goals.</p> <ul style="list-style-type: none"> <li>▪ What would be helpful for best practice standards/ guidelines in order to support mental health? <ul style="list-style-type: none"> <li>○ <i>Resilience, reflective practice, mindfulness, creating positive work environment, self-awareness, cultural humility</i></li> <li>○ Examples: CAMRT recently put together several resources for mental health including an activity for conducting reflective practice, case studies on burnout and mental health during COVID-19, and resiliency and burnout BPGs.</li> </ul> </li> <li>▪ What advocacy is necessary to support MRT mental health? <ul style="list-style-type: none"> <li>○ Is there anything CAMRT can do to support you and your mental health in the workplace?</li> </ul> </li> <li>▪ Have you accessed any mental health programs at work? If not, why? (<i>EAPs</i>) Back up question if extra time!</li> </ul>
<p><b>Summary:</b> Thinking about our discussion today, some of the main themes in mental health that I'm hearing are...</p> <p>It sounds like some of the most salient conversations were about X, Y, Z...</p> <p>I was surprised to hear some comments around __, I hadn't considered this before.</p> <p>6) Is my summary sounding true? Are there other themes that you think are noteworthy? Which one(s) resonate most with you?</p> <p>7) Is there anything we forgot or is there something important that we should know about?</p>	

## References

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