



**Jami**

The Mental Health Service for our Community



# Preventing Burnout in Social Care



# We've learned a lot about our MENTAL HEALTH

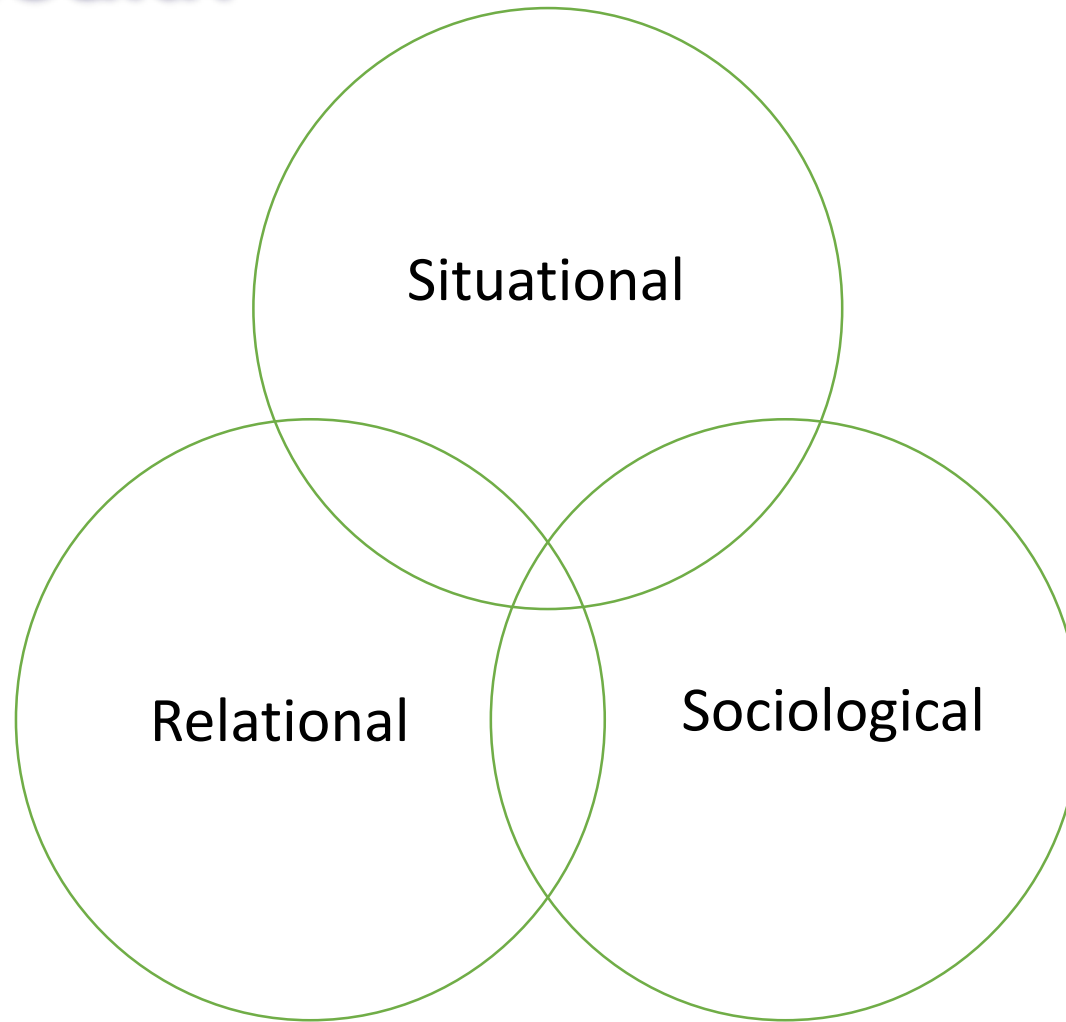


# Mental health is ....

*“Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.”*

<https://www.mentalhealth.gov/basics/what-is-mental-health>

# Mental Health



# Containing Leadership?

FIGHT



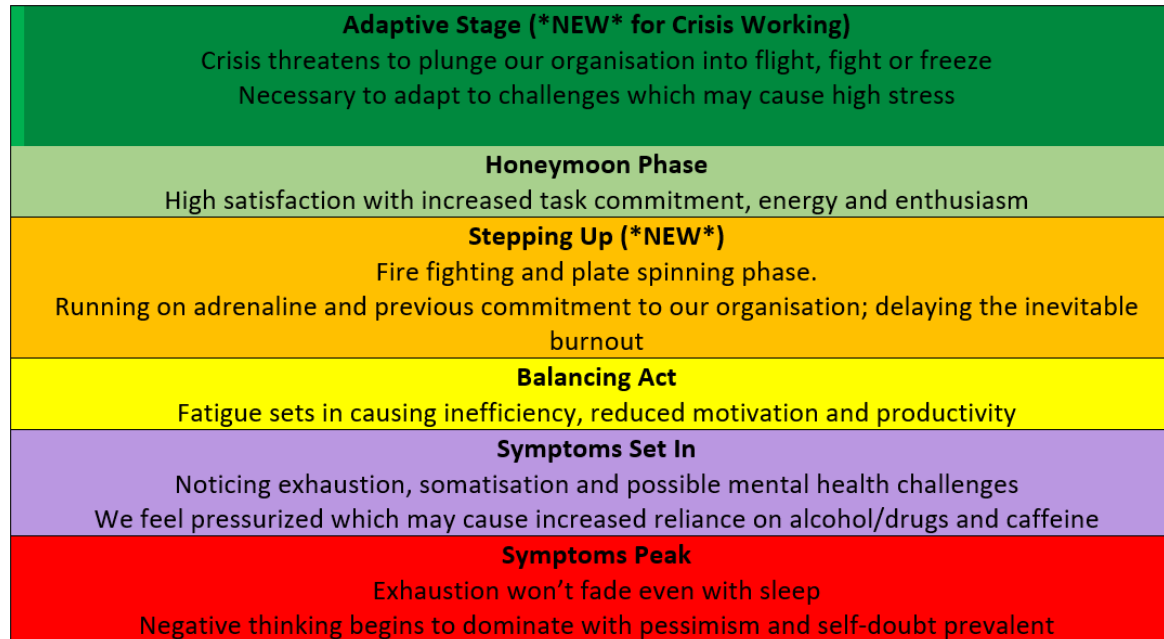
FLIGHT oohlala!



FREEZE



# Burnout Ladder



With thanks to

Herbert Freudenberger (1980) who coined the term "burnout," Christina Maslach (1982) who also did seminal work in this area and Bob Venning and Jim Spradley (1981) who created the original concept of the **5 Stages of Burnout**

<https://www.winona.edu/stress/bntstages.htm>

# Burnout Ladder

## NEW

## Adaptive Stage

- Faced with the crisis that threatens to plunge the organisation/group/individual into a classic anxiety response (fight, flight or freeze) you ADAPT ways of working/lifestyle.
- Costs of adaptive stage include stress/challenge of creating new models of working, new systems of family life and existence



# What is Burnout?

## Type 1 Work Burnout

- A debilitating psychological condition brought about by unrelieved work stress, resulting in:
- Depleted energy and emotional exhaustion
- Lowered resistance to illness

<https://www.winona.edu/stress/bntstages.htm>

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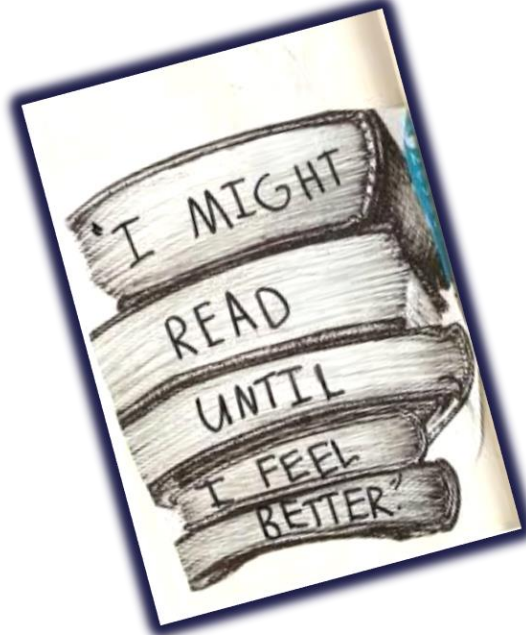
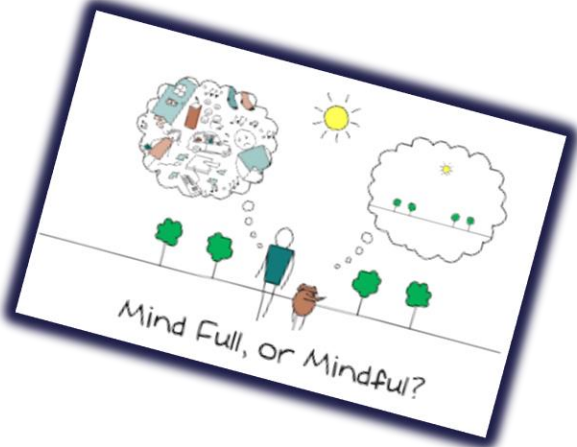
# What is Burnout?

## Type 2 Carer's Burnout

Now also recognised

- Giving care to family member over long term can lead to similar experiences to work burnout
- Ultimately you cannot continue to give the same level of care to your caree
- Can lead to feelings of guilt, shame and failure
- Can be well hidden and masked by outward signs of coping

# Self Care



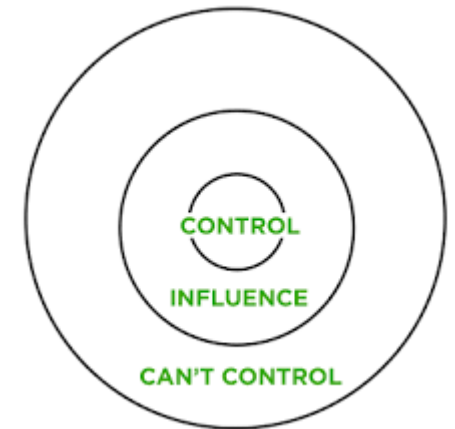
# Preventing Burnout

## Practice In our teams

- Educate about mental health and wellbeing
- Lead by example – talk about your self-care
- Embed a culture of self-care and reflection
- Challenge with compassion

# Taking Back Control

- When we feel uncertain it can be helpful to take back control where possible
- Think about what you can control, not what you can't control



# Empathy

- From the Greek *empathia* combining 'em' meaning 'in' and 'pathos' meaning feeling
- Being empathetic means being in a feeling or alongside a feeling with someone

# Empathetic Listening

“The biggest communication problem is we don’t listen to understand. We listen to reply”  
- Stephen Covey

# Let's Talk

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# DELIVERING MENTAL HEALTH SERVICES VIRTUALLY

THE NEW REALITY: ITS CHALLENGES (AND OPPORTUNITIES) FOR  
OUR AGENCIES AND THOSE WE SERVE

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# OUTLINE

- I. Our New Reality
- II. The Shadow Pandemic
- III. Challenges for Our Agencies and Staff
- IV. Opportunities
- V. Learning to Cope



# THE NEW REALITY

- DIFFERENT HOUSEHOLD STRUCTURES (Different age groups, living situations, etc..)
- LOSS OF CONTROL
- LOSS OF BOUNDARIES
- PRE-EXISTING CONDITIONS/ISSUES

**PERMISSION TO LOWER EXPECTATIONS!**



# THE SHADOW PANDEMIC

- Definitions
- Many are experiencing stress, anxiety and depression like never before
- National poll in March: 32% report mental health negatively impacted by COVID
  - July: 53% report their mental health negatively impacted
- According to recent CDC study, social isolation due to social distancing measures, financial struggles, and socio-political climate is furthering a suicide crisis
  - In June 2020, nearly 11% of American adults seriously considered suicide (more than twice the rate in 2018)
  - That number was 25.5% for respondents ages 18-24.
  - Mental Health and social care for people with severe mental illness and psychosocial disabilities must become part of the definition of essential services in all countries

# CHALLENGES TO OUR AGENCIES AND STAFF

Our new backdrop of: Loss of Control; Lack of Boundaries; and Pre-existing Situations affects our clients, agencies, and staff too...

## THE CLINICAL WORK:

- no choice but to go virtual....for everyone?
- which platform to use
- how to use the technology
- teaching our clients the technology and the etiquette
- proper documentation including consent for telehealth
- are all clients appropriate
- managing risk (basics....location, zoom links, supervision)

# CHALLENGES

## THE AGENCY

- no choice but to go virtual....for everyone?
- Are all staff allowed to work from home
- Do the hours of operation remain the same
- Can we consolidate some of our satellite locations
- How do we manage the COVID risk? Who sets the rules?
- Do we have the money to provide services for all of the people who are out of work who need mental health treatment?

# CHALLENGES

## THE EMPLOYEES

- Realizing that providing telemental health was not a primary part of the services provided by most of our agencies
- No prior knowledge of the technology
- Managing COVID fears among our employees and implementing safety measures
- Providing ongoing support to employees, while they support their clients
- Need to maintain boundaries in a boundary-less time....."We can ZOOM forever!"
- Location boundary questions
- Risk of lack of self-care

# OPPORTUNITIES

- Providing easy access without driving time
- Expanding our services in creative ways... (new groups, attendance increased at psychoed programming)
- Collaboration across time zones
- Isolated seniors now connected and able to “socialize.”



## AN OBSERVATION....

***“THERE IS NOT ENOUGH YOGA IN THE  
WORLD TO COPE WITH THE MAGNITUDE OF  
WHAT WE ARE DEALING WITH RIGHT NOW!”***

*...APA MONITOR, JULY 2020*

# THE ROLE OF SELF-CARE IN MANAGING RISK

- TELEHEALTH HAS PRESENTED NEW CHALLENGES, “ADD-ON” PRESSURES
- WE NEED TO “UP” OUR SELF-CARE SKILLS DURING THIS TIME
- DIMINISHED SELF-CARE ASSOCIATED WITH INCREASED MEDICAL ERRORS
- IF WE DON'T FOCUS ON SELF-CARE, WE PUT OURSELVES, AND OTHERS AT RISK

## **THE CHALLENGE:**

WE NEED TO BE ABLE TO GUIDE CLIENTS THROUGH THIS MOST UNPRECEDENTED EXPERIENCE, WHILE GUIDING OURSELVES!

# AN OPPORTUNITY TO ENHANCE COPING FOR US ALL

## -- BASIC PH --

- THE MODEL WAS DEVELOPED BY DR. MOOLI LAHAD, DIRECTOR OF THE COMMUNITY STRESS PREVENTION CENTER ISRAEL (ZANERE, 2004).
- THE MODEL SUGGESTS THAT PEOPLE POSSESS SIX POTENTIAL CHARACTERISTICS OR DIMENSIONS THAT ARE AT THE CORE OF AN INDIVIDUAL'S COPING STYLE.
- COPING EFFORTS ARE BELIEVED TO BE EFFECTIVE AS LONG AS ONE CAN SUSTAIN THEIR BASIC ROUTINE.
- CREATING A SENSE OF SUPPORT AND NORMALCY (TO THE EXTENT POSSIBLE) IS CRITICAL IN HELPING INDIVIDUALS DEAL WITH PSYCHOLOGICAL STRESS.

**B**

BELIEFS/VALUES

**A**

AFFECT

**S**

SOCIAL

**I**

IMAGINATION

**C**

COGNITION

**PH**

PHYSICAL

<b>Attitudes</b> <b>Belief</b> <b>Values</b> <b>Meaning</b> <b>Clarification</b> <b>Connection to religion or higher power</b>	<b>Emotions</b> <b>Listening skills</b> <b>Expression</b> <b>Sharing your story</b> <b>Crying</b> <b>Laughing</b> <b>Yelling</b>	<b>Social role</b> <b>Structure</b> <b>Group</b> <b>Contacting and connecting with friends/family</b>	<b>Humor</b> <b>Creativity</b> <b>Art</b> <b>Music</b>	<b>Processing</b> <b>Knowledge</b> <b>Information</b> <b>Problem solving</b> <b>Reading</b>	<b>Activities</b> <b>Games</b> <b>Exercise</b> <b>Relaxation</b> <b>Eating</b>
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# YOUR THOUGHTS, DISCUSSION.....

