Understanding Burnout and Protecting Ourselves

By Mark Ragins, MD

A couple years ago I was part of a daylong Transitional Aged Youth services workshop. Towards the end of the day we began talking about how we handle hearing all the traumatic stories our young clients share with us and how we take care of ourselves. One woman in the back of the audience raised her hand and said that professional athletes expect amazing things of themselves physically at work, far beyond any of us. They have warm-ups, training regimens, off season, time outs, work outs, substitutes, trainers and an array of coaches on the bench with them to help them, and even still many of them get physically injured. Mental Health workers expect amazing things of ourselves emotionally at work, but we have almost none of those supports. In effect, we come to work out of shape and are careless about how it's affecting us and then we're surprised when we're emotionally burned out.

This article attempts to briefly describe six common causes of burnout in public mental health work and some things we can do to build our own resilience and protect ourselves. It also discusses how many of the standard protective practices probably do more harm than good.

1) Emotional detachment

A good deal of the emotional stress in mental health comes from trying to be empathetic with and helpful to people who are suffering a lot. We can begin to take on the emotional traits of the people we serve, feeling "vicarious traumatization" as we share their experiences. We can also just become overwhelmed by the amount and depth of suffering the people we work with face. The standard recommendation is to separate ourselves from our clients, maintain boundaries, objectivity, professional distance, and "don't take our work home" – make a clear separation between work life and personal life. This detachment is resented by our clients and their families and likely decreases our ability to empathize, care, and heal them.

When we look at professionals we respect who have remained emotionally alive and strong and compassionate over many years of practice, that's not what they do. Instead they've figured out a way to continue to feel without detaching themselves. I'm with Patch Adams on this one: I think we burn out when we try not to feel, when we deaden little bits

of our hearts every time something tragic happens, not when we feel too much. We're so afraid of being overwhelmed; we shut down to avoid it.

Our passion for this work, the reason we're working with people that everyone else would actively shun and avoid, is the only real energy we have to keep ourselves going. When we detach ourselves emotionally, we cut off the passion we need to continue to do this work.

Emotional tragedies are going to happen in this work. We can't prevent them, no matter how many walls we build or how much we separate ourselves. Our real task is how to build enough emotional resilience to be able to handle the inevitable tragedies when they do occur with an open heart. Certainly there are a variety of things we can do to strengthen ourselves emotionally ranging from healthy relationships, to regular sleep, to prayer and meditation, but it seems to me the most powerful one is to have coworkers we care about and trust that we can share with instead of "feeling alone". We're much stronger when we share both positive and negative feelings with each other – when we celebrate and grieve together than when we stay private and isolated in our own worlds. If we act as each other's "trench buddies" we can make it through together without shutting down.

2) Change fatigue

It seems that the pace of change is ever increasing. New dramatic initiatives are passed down to us faster and faster – managed care, integrated dual diagnosis care, rehabilitation and recovery, funding changes, evidence based practices, team reorganization, outcome accountability, motivational interviewing and harm reduction, federal health care reform, electronic health care records, consumer coworkers and shared decision making, integrating primary health care and behavioral health. The cascade roars on and on.

Normally, when there are major changes, it takes some time to figure out how to do things a new way. While we're learning, we're usually more anxious and uncertain and less productive. Some people leave with each change instead of adapt. Hopefully, after a while, we gain some mastery and confidence with the change, and if it was a good change, things are better than when we started. However, if we're asked to change again before we make it that far, we add more uncertainty and anxiety to a still impaired situation. After several "too rapid" cycles of change without stabilization between them, chaos and feeling overwhelmed can set in. Very few people are naturally comfortable in "perpetual white water". After enough rapids, most tend to just yearn for stability at all costs and dread and resist any more change. Since a positive expectation of change is

the source of a lot of hope, when we avoid change, we are also avoiding hope. Without hope, burnout thrives.

Like it or not, our best chance to avoid change fatigue is to learn how to manage ongoing change more effectively and with less disruption. Two practical ways to do this are: 1) Our leaders need to be able to maintain focus and priorities regardless of what the next change is. Even while the waves are battering us, they need to have a strong hand on the rudder to make sure we don't start going around in circles. Each change needs to be assessed for how it can carry us a little further in the way we want to go. We need to learn to exploit change instead of surviving change. 2) We need to establish a learning culture including line staff based problem solving groups. The staff acting together can make plans for how to best implement each change, since we know our own jobs the best. If we don't learn from each change we're unable to keep what works and discard what doesn't and become overwhelmed.

3) Fear overload

We live in a culture of fear – fear of being hurt by our clients, losing our licenses, being sued, ending up in the newspaper, having funding cut, losing our jobs, being "written up" by our supervisors, being audited, someone killing themselves, the list goes on and on. Part of the reason for that is we have many competing demands on us we have to balance every day from many people and many directions. Rather than encouraging us to learn to balance those competing demands and prioritize them, each one wants to be the most important priority. All of them know that fear is motivating (at least over the short run). Instead of arguing their case, they try to compete by threatening worse consequences.

When we get to the point where we know we can't meet all the demands upon us, we may stop even trying and change our priority to self preservation. We become more defensive, avoidant, and isolated to protect ourselves. They respond by becoming more threatening.

The best way to adapt to this culture of fear is through acceptance of risk. In the same way we teach rape victims that they can never be entirely safe, but if they never go out again the rapist has won, we need to realize that we can never be entirely safe either, but if we don't do what we love, if we don't work from our hearts, the fear mongers have won.

It is important for senior management and leadership to calm fears instead of inflaming them. We need protection from outside fears to work effectively and to treat people like people instead of like "risks" to be managed. We need to avoid fear based trainings that promise unrealistically to tell us how to avoid threats. Instead of managing with fear within the program we need to create a vision driven culture (where we do the right things

because it's what we do, not because we're afraid of being caught and punished) and to use peer based accountability (where we do things because we owe it to each other and we're committed to the program, not because we're afraid of an outside auditor). It is usually systems and managers who have lost their moral authority and practical credibility who get frustrated by lack of staff followers and loyalty who resort most to fear as a motivator.

4) Overwhelmed by needs

We're sure that if we opened ourselves to all the needs "out there" that we'll be overwhelmed. Our most common protection is to adopt an individual practice caseload responsibility instead of a public health community responsibility. In other words, we try to take care of the people we're assigned to and not worry about who's on the waiting list, or dropped out, or didn't make it in for treatment. When we do that, our feelings of being overwhelmed become focused on our caseload size, sometimes obsessively so. We have a multitude of triage tools and restrictions and waiting lists to keep too many people from penetrating our barriers and getting on our case loads.

Unfortunately, once we're in that frame of mind, every new client we meet is an added burden instead of an opportunity to be helpful. One new staff talked about seeing himself change from being the "yes man" enthusiastic to help anyone, to walking through the waiting room with his head down to make sure no one made eye contact to ask him for something. Being welcoming and friendly is a common casualty to this defense. There's a paradoxical truth that the more we try to avoid facing more needs, the more we're going to feel overwhelmed by the needs we try to deflect, whereas the more open we are the more we seem to be able to help. Strangely enough being more welcoming is one of our best strategies to avoid feeling overwhelmed.

It seems like we have cuts in services every year. Yet the expectations don't get cut as the resources get cut. It seems we're always being asked to do more with less and its administration's fault. Why don't they come down here and see how bad things are. We're down to the bone, there's nothing left to cut. The strange thing is that when I've seen administrators actually come down to a program and ask the line staff what services we should stop offering because we no longer have the manpower, we don't cut any services either. We decide to "do more with less" too. Everyone thinks that every service they do is essential. The more we stretch, the more we're sure the next cut will break us.

The more resilient stance is "we do the best we can with what we have". We're never going to have enough to do everything people need or want, but if it's the best we can do

we can sleep well at night. We need to realize that prioritizing isn't inherently immoral even when it feels like rationing. It's just sharing what we have.

5) Paperwork overload

One of the most common complaints of staff is, "If I didn't have to do all this paperwork, I'd have more time to help people" and we're probably right. On average staff spend about 30% of our time doing paperwork documenting what we're doing. That's how we get paid by third party payors, especially governmental payors. Maybe that's obscene or maybe necessary, or maybe it's both. Mostly, it's just the way it is.

Many staff don't see the point in all the paper work if it's not helpful to our clients. Sometimes it helps just understanding that even though that paper work looks like a treatment record, the vast majority of it really isn't. An actual treatment record would be much shorter and much less repetitive. The chart is really a "billing record" or an "audit trail". We don't go to the grocery store and say," I don't know why I have to spend time in the checkout line to pay. I've already done my shopping. Why do they have to take every item out of the cart and process is and then put it back in? It takes so long. I'll just tell them what I've got is worth and give them the money." Our current system of documenting what we did every minute in an esoteric language the auditors created to get paid is time consuming (and teachers don't have to do it for schools to get paid. They just take attendance.) but it's the system we have. Our best chance of changing it is to develop an outcome based accountability system, but that's a long ways off. Put another way, I've never seen staff fail to do their time sheets to get paid. The chart is part of our time sheet more than it's a treatment record.

Some administrators will object to the last paragraph. They'll tell us how they've carefully designed the paperwork to facilitate service delivery and to improve the system. They didn't add an extra page about substance abuse and trauma just to audit us. They did it so we'd deliver better services. Administration adding extra paperwork that everyone must do to improve services is a major error in my opinion, no matter how well intentioned. Administrators can improve services by strong leadership, by leading by example, by treating staff the way they want staff to treat clients, by focusing the vision to help prioritize, by selling us to the community, by improving the system's culture, by tracking outcomes to find strengths and weaknesses, or by empowering staff, but not by adding paperwork. On occasion, when an individual staff needs to develop a particular skill, there may be a paperwork tool that we can use with our supervisor until we've mastered it enough to no longer need the paperwork tool.

6) Losing our sense of helpfulness

If things get stretched too thin or we get too overburdened by paperwork, we're at risk of feeling like we're not actually helping anyone. At the end of the day, though we've been very busy, we're left wondering, "Am I really doing anything here that matters?" We need to be able to answer, "Yes" or we're lost. If what we do doesn't matter anyway, then there's no reason to care or be committed to the work. Once we've gotten that far we're betraying the reasons our heart got us into this work in the first place.

Tracking outcomes doesn't have to be used just as an administrative tool to figure out who's slacking off. Outcomes can be a powerful positive reinforcer. How many people did I get off the street, or off drugs, or keep out of hospitals and jail, or get benefits or health care for or on medications that help them or into their own apartment or get a job or reunited with their family? Clear positive answers can fight feelings of uselessness.

In team meetings and supervision we tend to focus on things that are going badly rather than what's been a success. That's a downer. We can learn as much by what succeeds as by what doesn't. Clients who are doing well deserve our attention as much as ones who aren't. We can make it habit to discuss our successes, to brag and celebrate and feel good about ourselves and our clients. We can even look for extra opportunities to take notice of our good work – newsletters, sharing thank you letters from clients, client award celebrations, bragging to the media, administration visits, staff acknowledgment rewards, storytelling, etc. I doubt if being reminded that we do an important job and that we really care about helping people can be done too much.

When I've asked staff what they do that really helps people and when I've asked people what we do that really helps them I get the same set of answers that revolve around relationships and compassion – things like listening to me, giving me hope, really caring, being there for me, helping me see a better way, not giving up on me, and making me believe I could do it. We can't let all the pressures distract us from what's really important. So long as our hearts are still invested and alive enough to do those things, the rest doesn't really matter. We have great jobs.