

# Helping the Helpers: Enhancing Connection through Team-Building among Mental Health Professionals in Integrated Care

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## Background

- Burnout results from prolonged job stress which can negatively impact the worker, organization, and service recipient<sup>1</sup>
- 21-67% of mental health professionals (MHPs) experience high levels of burnout<sup>2</sup>
- A literature review on burnout intervention strategies for MHPs found it is understudied<sup>2</sup> and even less studied among MHPs in integrated primary care



[Digital image]. Retrieved from <http://www.fctu.org.uk/healthandsafety/stress/index.asp>

- Conversations with eight MHPs representing a range of subdisciplines indicated the following themes:
  1. Job stressors varied based on career level
  2. Informality (a formal wellness group was perceived to potentially add to work stress)
  3. Social connectedness as a potential coping resource for work stress

## Research Question

What kind of intervention is best suited to address burn out and engagement in MHP's in integrated care?

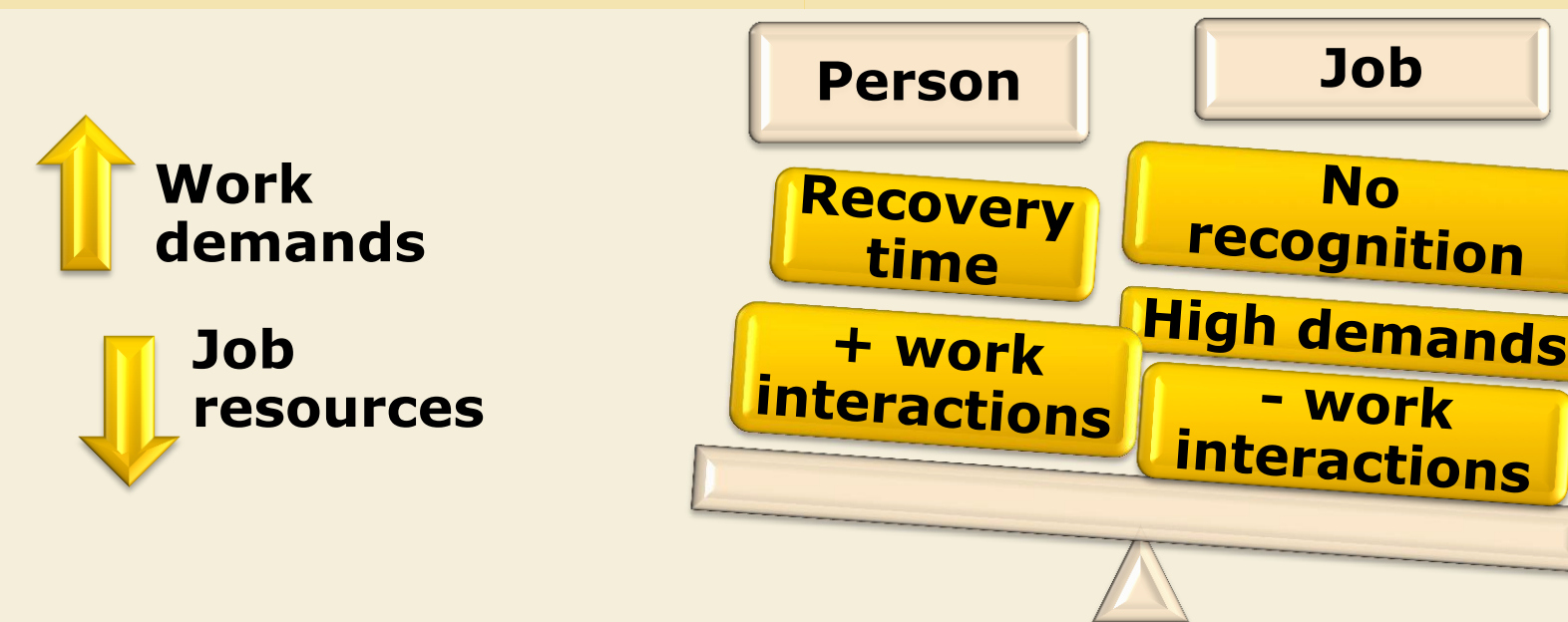
## Aim

- The aim of this project was to (i) assess the needs of MHPs (including trainees) and (ii) propose and implement a recommended intervention

## Conceptual Models

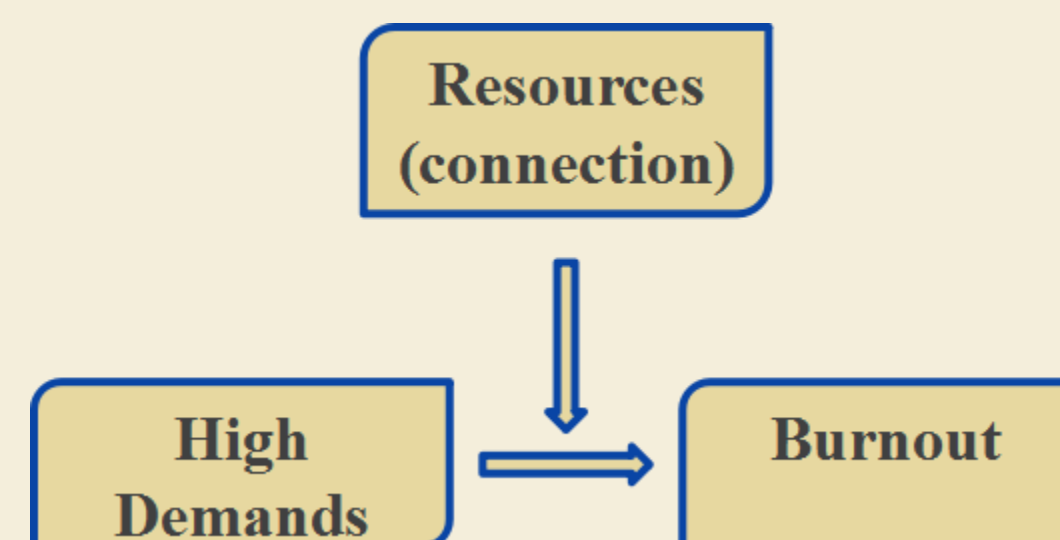
**Job Demands-Resources Model (JDR)<sup>3</sup>**      **Areas of Worklife Model (AWS)<sup>3</sup>**

High work demands and low resources lead to burnout      Poor job-person balance in six key areas leads to burnout: control, workload, reward, fairness, values, or community<sup>3</sup>



## Proposed Model

Enhancing job resources (e.g., co-worker connectedness) may offset burnout<sup>3</sup>



## Recommended Intervention

### Team Building

- Team building exercises may facilitate connection in a way that is informal, emotionally safe, and fun
- It has been linked to increased sense of camaraderie among EM residents and group cohesion and positive interaction among nurses<sup>4</sup>
- Strategies range from interactive group activities<sup>4</sup> to day retreats<sup>1</sup>

## Procedure

- 30 minute sessions held during protected meeting time each month

### Example Team Building Activities Adapted from the literature and web searches

“Find the Common Thread” <sup>4</sup>	Group members generate commonalities outside of mental health service
“Watch Where You Step” <sup>4</sup>	Group members guide a blindfolded member across an obstacle path
“Tiny Teach” <sup>6</sup>	Members pair up to briefly teach one another a skill or share knowledge
“Back to Back” <sup>6</sup>	Member pairs sit back to back with one describing a simple drawing that the other must replicate
“Memory Wall” <sup>7</sup>	Work-related topics (e.g., “My first day,”) are posted to a wall, inviting members to share clinic experiences or positive memories of working together

## Next Steps

- Evaluate burnout and perceived stress at both baseline and follow up using validated inventories (Perceived Stress Scale; Maslach Burnout Inventory)
- Implement intervention and analyze findings
- Consider implementation of a half-day retreat with team-building components as a booster

## Acknowledgments

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Citations  
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