

ABSTRACT

REDUCING MENTAL HEALTH PROVIDER BURNOUT THROUGH WELLNESS: A GRANT PROPOSAL

By

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The purpose of this project was to partner with a community mental health outpatient clinic, locate a potential funding source and write a grant to obtain funding for a clinic wide wellness program. The proposed program aims to support mental health providers and employees at a mental health outpatient clinic to prevent and decrease burnout among mental health providers. A literature review was conducted to discuss the history of burnout, burnout symptoms and consequences, and interventions to reduce burnout. The Weingart Foundation was identified as a potential funding source for the program. The host agency chosen for this project is Western Youth Service West Clinic which provides comprehensive mental health services to children and their family families dealing with mental illness. The actual submission or funding of this grant was not required for the successful completion of this project.

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A GRANT PROPOSAL

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CHAPTER 1

INTRODUCTION

Statement of Problem

Mental health providers are at an increased risk for experiencing burnout. In a sample of 460 mental health providers, Acker (2008) found that 56% of providers experienced moderate to high levels of emotional exhaustion and 45% reported low levels of personal accomplishments. Sprang, Whitt-Woosley, and Clark (2007) also found that approximately 13% of providers were at high risk of compassion fatigue or burnout. Burnout has been associated with several negative consequences including increased absenteeism, reduced job satisfaction, high turnover, and decreased performance (Maslach, Schaufeli, & Leiter, 2001). Burnout has also been found to have a detrimental effect on a worker's mental health and physical health (Kim, Ji, & Kao, 2011; Maslach et al., 2001). Despite the need for burnout prevention and interventions for mental health providers, few programs have been implemented and evaluated (Morse, G., Salyer, Rollins, Monroe-Devita, & Pfahler, 2012).

Statement of Purpose

The purpose of this project was to write a grant proposal to develop a comprehensive wellness program for mental health providers and employees at a mental health outpatient clinic. The goals of the program are to decrease burnout among mental health professionals, improve job satisfaction, and improve overall services to consumers by promoting self-care and wellness of employees.

Definitions of Terms

Burnout: The state of emotional exhaustion, depersonalization, and reduced personal accomplishment as a result of chronic exposure to work. Emotional exhaustion refers to feelings of being depleted and fatigued. Depersonalization refers to negative attitudes towards work or consumers. A reduced sense of personal accomplishment involves negative self-evaluation of overall job effectiveness.

Compassion fatigue: Emotional distress, tension, or apathy resulting from the constant demands of caring for others.

Mental health provider or clinician: A term used by the writer referring to any individual who is working within the mental health field providing services to individuals diagnosed with a mental illness.

Secondary or vicarious trauma: The emotional strain of exposure to working with those suffering from the consequences of traumatic events (American Institute of Stress, n.d.).

Self-care: A term used by the writer to describe activities in which an individual engages to maintain overall good health.

Turnover intention: A measurement in which an employee plans to leave his or her position or whether that organization plans to remove the employee from his or her position.

Wellness: A term used by the writer to describe the quality or state of being in good social, mental, physical, spiritual, and emotional health, especially as an actively sought goal.

Cross-Cultural Relevance

Burnout occurs cross-culturally and is prevalent across a variety of occupations and fields including education, clerical work, business, criminal justice, and computer technology (Stalker & Harvey, 2002). In a study of compassion fatigue, compassion satisfaction, and burnout among mental health providers, Sprang et al. (2007) found that female providers had an increased risk of experiencing compassion fatigue and burnout. Kim et al., (2011) also found that female social workers were at higher risk for reporting physical health complaints related to burnout. Considering that nearly 81% of social workers are female, it is important to address the risk factors that female social workers may face with regard to burnout (U.S. Bureau of Labor Statistics, 2013).

Social Work Relevance

Congruent with the values of the National Association of Social Workers (2008), social workers dedicate their lives to serve vulnerable populations including those who have been discriminated against, neglected, and/or suffer from mental illness. Due to the nature of the profession and the day to day exposure to clients who may disclose traumatic experiences, social workers should be cognizant of compassion fatigue and burnout symptoms in order to reduce its detrimental effects. Self-care and wellness are important in helping providers reduce symptoms related to stress, burnout, and compassion fatigue. Kim et al. (2011) found that burnout can lead to diminished job performance, disruption in care, and absenteeism which in turn may hinder a social worker's ability to develop therapeutic alliances with clients. Supporting clinicians, social workers, and mental health providers through a wellness program would provide education and supportive services to prevent or reduce symptoms of burnout.

CHAPTER 2

LITERATURE REVIEW

Introduction

This chapter discusses the findings from literature on burnout and interventions to reduce burnout symptoms. The literature review includes history, predictors, protective factors, problems related to burnout, and interventions to prevent and reduce burnout symptoms. Existing programs aimed to reduce symptoms of burnout and review of workplace wellness programs will also be discussed. The conclusion of this chapter will focus on interventions aimed to reduce burnout specifically among mental health professionals.

History of Burnout

In the 1980s, research on burnout became more empirical as measures and surveys were developed. The most commonly used measure is the Maslach Burnout Inventory (MBI)-Third Edition developed by Maslach, Jackson, and Lieter (1996). The scale was initially designed for human service occupations and measures three dimensions of burnout: emotional exhaustion, depersonalization, and diminished personal accomplishments (Maslach et al., 2001). In the 1990s, burnout research was extended to occupations beyond human services to fields such as computer technology, military, and management. Longitudinal studies have also contributed to research on burnout by assessing the relationship between organizational structures, individual burnout, and interventions to decrease burnout.

Issues Related to Burnout

Physical Health

Burnout can have negative effects on a worker's physical health. Kim et al. (2011) examined the relationship between burnout and physical health among 406 social workers in a three year longitudinal study. Registered social workers were surveyed annually with measures that gathered information on physical health complaints and burnout related symptoms. The study found that burnout negatively affected a worker's physical health. More specifically, social workers with higher indicators of burnout were more likely to have physical health complaints and have an overall decline in physical health over a one year period. Stalker and Harvey (2002) also found that providers who experienced burnout often reported impaired physical and emotional health and a reduced sense of well-being.

Mental Health

Burnout has been found to affect a worker's mental health. Ahola, Honkonen, Isometsa, Kalimo, Nykyri, Aromaa, and Lonnqvist (2005) found a strong association between occupational burnout and major depressive disorder among 3,276 Finnish workers. Burnout has also been associated with increased substance use among directors of mental health agencies (Rohland, 2000). Acker (2010) also found a link between mental health worker burnout and somatic symptoms including flu-like symptoms and gastroenteritis.

Quality of Service

With regard to services provided to clients, burnout can indirectly have a negative affect the quality of services provided (Morse et al., 2012). By definition, emotional

exhaustion can lead to reduced energy put forth towards supporting clients. Depersonalization can decrease worker's levels of empathy and compassion towards clients. Reduced feelings of personal accomplishment could lead to workers feeling unsatisfied and inadequate to perform their job duties. Furthermore, burnout has been found to increase sick-leave absenteeism (Toppinen-Tanner, Ojajarvi, Väänänen, Kalimo, & Jäppinen, 2005) and turnover intention (Alarcon, 2011; Hansung & Stoner, 2008; Lee, Lim, Yang, & Lee, 2011; Maslach et al., 2001).

Predictors of Burnout

Organizational Predictors

Acker (2011) explored relationships between role stress, burnout, workplace conditions, and intent to quit among 460 mental health workers. Results from this study found an association between emotional exhaustion and involvement with clients with severe mental illness. Results also revealed a high positive association with emotional exhaustion and working in private non-profit agencies. Intent to quit had negative associations with opportunities for professional development and support from the workplace. Over half of the providers reported moderate to high levels of emotional exhaustion, moderate to high levels of role stress, and half considered quitting their job. Furthermore, workers with less education reported lower levels of emotional exhaustion. Similarly, Lent, and Schwartz (2012) explored the relationship between work setting and burnout among 340 counselors. Results from this study found that counselors working in community mental health outpatient and inpatient settings were more likely to report burnout than those in private practice settings.

Lakin, Leon, and Miller (2008) looked at burnout among 375 frontline staff members who worked at children's residential treatment facilities. The researchers noted that workplace variables may be associated with experiences of burnout among workers. Specifically, staff members who did not have adequate training to successfully carry out their job duties experienced more emotional exhaustion. Furthermore, a high level of supervisor and management support was associated with lower levels of depersonalization and emotional exhaustion.

Green, Albanese, Shapiro, and Aarons (2014) studied the relationship between provider demographics, work characteristics, leadership, organization characteristics, and burnout. The researchers examined differences in levels of burnout among workers in multiple disciplines of mental health (social work, psychology, and marriage family therapy) and program type (outpatient, day treatment, case management, and wraparound services). Participants were 322 clinicians and case managers providing mental health services to youth and their families. Results revealed that wraparound providers and case managers reported significantly higher levels of depersonalization than providers in other occupations. Furthermore, stressful work environment was associated with emotional exhaustion among mental health providers.

Salyers, Rollins, Kelly, Lysaker, and Williams (2013) explored potential differences in burnout, job satisfaction, and attitudes about clients among Veteran Affairs (VA) workers and community mental health workers. A total of 6 VA mental health workers and 150 community mental health workers participated in this study. Participants completed surveys which measured burnout, job satisfaction, intent to quit, and staff expectations of clients. Results from the measures revealed that VA workers

reported higher job satisfaction, less turnover intention within six months, less emotional exhaustion, and greater personal accomplishment than community mental health workers.

Thompson, Ametea, and Thompson (2014) examined the relationship between individuals, their work environment, burnout, and compassion fatigue. A sample of 213 mental health counselors completed an online survey, which measured perceptions of work environment, mindfulness attitudes, coping skills, compassion fatigue, compassion satisfaction, and burnout. Results found that negative perceptions of the work environment (e.g., coworker support, work atmosphere) were associated with compassion fatigue and burnout among the participants.

Individual Predictors

Lim, Kim, Hyunjung, Yang, and Lee (2010) examined 15 articles which assessed individual and work-related variables that were associated with burnout among mental health professionals. Results from this meta-analysis found that age was the most significant predictor of burnout among clinicians. Furthermore, level of education, work hours, and work setting were also indicators of emotional exhaustion. Specifically, mental health providers with higher levels of education and who worked more hours were more at risk of experiencing emotional exhaustion. Results also found a positive association with age and level of personal accomplishments. Han, Lee, and Lee (2012) examined personal attributes of 60 students entering into their first year of a Master's of Social Work (MSW) program. Results from the study found that students with previous work experience reported moderate levels of emotional exhaustion and depersonalization.

Lee et al. (2011) conducted a meta-analysis of articles from 1988-2008 to explore antecedents and consequences of burnout on psychotherapists. From the 17 articles that

met the criteria for their meta-analysis, researchers found that over-involvement was positively associated with emotional exhaustion. Articles also revealed psychotherapists were more likely to quit if they experience high levels of emotional exhaustion. Furthermore, depersonalization was associated with decreased sense of personal accomplishment. Job stress, over-involvement, and professional identity were associated with dimensions of burnout. Overall, the meta-analysis found that psychotherapists' intent to quit and job satisfaction had a close relationship with emotional exhaustion, depersonalization and sense of personal accomplishment.

Hansung and Stoner (2008) explored the relationship between job autonomy, role stress, and social support in predicting burnout and intent to quit among social workers. The researchers obtained surveys from sample of 346 California state-registered social workers working in organizational settings. Surveys included questions related to role/conflict ambiguity, psychosocial job characteristics, social support, burnout, and turnover intention. Results found that social workers with more role stress predicted burnout and higher burnout increased the likelihood of quitting. Job autonomy and social support also had a negative association with turnover intention but not burnout.

Alarcon (2011) conducted a meta-analysis to examine the research about the relationship among emotional exhaustion, depersonalization, and personal accomplishment with job responsibilities, resources and attitudes. The researchers used search engines to identify empirical literature from 1981-2010 related to burnout and dimensions of burnout. Results from the analysis found that role ambiguity, role conflict, turnover intention, and workload were positively associated with emotional exhaustion. Role ambiguity, role conflict, turnover intention, and workload were positivity related to

depersonalization. Control, autonomy, job satisfaction and commitment to the organization were negatively related to depersonalization. Role ambiguity, role conflict, and workload were negatively related to personal accomplishment. Job satisfaction and organization commitment were negatively associated with reduced sense of personal accomplishment. Overall, the meta-analysis found that job responsibilities, resources, and organizational attitudes were all related to all three dimensions of burnout.

Lent and Schwartz (2012) investigated a national sample of professional counselors and the impact of their work setting, individual characteristics and personal factors on burnout. Participants were counselors who worked in community mental health outpatient settings, inpatient settings and private practice outpatient settings. Three hundred and forty professional counselors completed a national online survey, which included items related to burnout and personality traits. Results from the surveys found that race, sex, and more years of professional experience all had a significant impact on experiencing burnout. European American counselors reported higher emotional exhaustion and higher depersonalization than their male counterparts. African American female counselors with less experience reported higher personal accomplishment than those with more experience. With regard to personality traits, neuroticism was the strongest predictor of emotional exhaustion, depersonalization and decreased sense of personal accomplishment. Results also revealed that agreeableness predicted less depersonalization and a higher sense of personal accomplishments among counselors.

Coyle, Edwards, Hannigan, Fothergill, and Burnard (2005) conducted a meta-analysis of 19 articles related to stress from 1966-2000 published in the United Kingdom

and found that social workers experience relatively high levels of work-related anxiety. Factors related to work stressors included having no sense of personal achievement and not feeling valued as an employee. Their research found that 1 out of 2 social workers experienced emotional exhaustion and revealed that mental health social workers were less satisfied with their work than psychiatrist and occupational therapists. Furthermore, the analysis found that social workers in the United States more often reported high levels of burnout as a result of experiencing lack of personal accomplishment.

Puig, Baggs, Mixon, Park, Kim, and Lee (2012) explored the relationship between dimensions burnout and the dimensions of personal wellness among mental health professional. One hundred twenty-nine mental health professionals recruited from list serves completed surveys that measured burnout and personal wellness. Results revealed that emotional exhaustion scores were negatively associated with personal wellness dimensions including the creative self, physical self, and coping self. Incompetence was negatively correlated with essential self, creative self, physical self and coping self. Negative work environment was also negatively associated to creative self, coping self, and physical self.

Lakin et al. (2008) studied burnout among direct care workers at children's residential treatment facilities. Direct care staff members were those workers who worked in the milieu with the client during their entire shift. Participants of the study completed surveys which included questions related to demographics, personality traits, empathy, and burnout. Results from 375 full-time staff members indicated that age, personality traits, job satisfaction and supervisor support were associated with dimensions of burnout. Burnout varied among direct care staff members regarding their

levels of emotional exhaustion and personal accomplishment. Staff members with higher levels of empathetic concerns for clients had lower levels of depersonalization. High levels of job satisfaction were associated with low levels of emotional exhaustion and high levels of personal accomplishments. With regard to personality traits, extraversion predicted higher senses of personal accomplishment and neuroticism was found to be a risk factor for burnout.

Protective Factors from Burnout

Lanham, Rye, Rimsky, and Weil (2012) examined the relationship between gratitude, burnout and job satisfaction. Sixty-five community mental health professionals, including case managers, counselors, clinical administrators, social workers, and psychologists participated in the study. Surveys measured demographics/background information, burnout, job satisfaction, gratitude and hope. Results found that age was negatively associated with emotional exhaustion and positively with job satisfaction. Co-worker support was positively related with personal accomplishment. Mental health providers with higher educational levels also reported higher levels of personal accomplishment than those with bachelor degrees. Workplace specific feelings of gratitude predicted emotional exhaustion, depersonalization, and job satisfaction. Overall, results found that workplace gratitude predicted less emotional exhaustion and increased job satisfaction.

Communication with supervisors can be an important coping resource for social workers. Kim and Lee (2009) studied the indirect impact of supervisory communication on burnout, intent to quit, and the effects of supervisory communication on the relation between role stress and burnout. Researchers examined styles of communication

between their supervisors and social workers. Four hundred seventy-eight registered social workers completed surveys which measured supervisory communication, burnout, role stress, turnover intention, and demographic information. Results from the surveys revealed that job-relevant communication and a positive relationship between worker and supervisor had a negative association with burnout. Job-relevant communication had a significant effect on turnover intention, as social workers were less likely to have intent to leave their job. Furthermore, results revealed that upward communication, which opens communication between both parties, buffered the effect of role stress on burnout.

Self-care may also buffer the effects of burnout as it contributes to individual well-being. Richards, Campenni, and Muse-Burke (2010) studied the relationships between self-care practices, self-awareness, mindfulness and individual well-being among mental health professionals. One hundred forty-eight mental health professionals with a bachelor's degree or higher were measured for levels of self-care (i.e., physical, psychological, spiritual and support), self-awareness, mindfulness, well-being and demographic information. Results revealed that self-awareness was positively associated to mindfulness. Mindfulness in mental health professionals was found to have a positive impact on well-being.

Burnout Prevention and Intervention Programs

Psychoeducation

Kravits, McAllister-Black, Grant, and Kirk (2010) developed and evaluated a psychoeducational program that assisted nurses who worked in highly stressful environments to create personal stress management plans. The program taught positive self-care behaviors, relaxation, guided imagery, positive coping strategies, and the

development of a personalized wellness plan. Two hundred forty-eight participants from a cancer center participated in a six hour psychoeducational program two times a month on site or three times at an off-site location. Participants from the study reported an increase in their feelings of personal accomplishment after the course, a significant decrease in emotional exhaustion and a decrease in depersonalization.

Support Groups

Peterson, Brgström, Samuelsson, Asberg, and Nygren (2008) studied healthcare workers at risk for burnout and looked at the effects of peer support groups in preventing burnout. One hundred and fifty-one healthcare workers participated in a peer support group, which provided an opportunity for discussion and reflection with colleagues about work related stress and burnout. The group provided an opportunity for mutual aid and to work with others to prevent burnout. The intervention was held weekly for two hours for ten weeks. Following the intervention, participants reported improvement in their general health, their perceived participation at work, increased work place participation and increased social support at work. Participants also reported a decrease of symptoms related to exhaustion, depression, and anxiety.

Mindfulness

Williams (2006) looked at a program which used Mindfulness Based Stress Reduction (MBSR) within a wellness program at West Virginia University. Researchers evaluated if the program was successful in a wellness context for volunteers and employees perceived to be highly stressed. Each group met for two and a half hours a week for eight weeks with the program facilitator who taught mindfulness skills including meditation, body scanning, yoga, and decreasing emotional reactivity. The

author discussed the positive long term effects of MBSR on improved health and reducing burnout in their case study. One participant was noted to be at high risk for stress-related problems and reported 2.6 times more medical problems than other participants. During the course of treatment, the case study participant reported meditation and yoga to be exciting and that it helped him reduce stress. Following the eight week intervention, participants of MSBR reported a 64% reduction in medical symptoms, 31% reduction in stress, a decrease in headaches, reduced burnout dimension, and improved sleep.

Van Dierendonck, Garsen, and Visser (2005) examined a burnout prevention program for at highly motivated individuals at risk for burnout. The intervention program was designed to increase personal growth and methods to experiencing a more meaningful life. This training focused on personal growth and aimed to overcome issues related to goals, expectations, and personal growth. Participants included employees of three major industrial companies in the Netherlands. The burnout prevention program consisted of ten days of training that occurred over a three month period. Trainings included themes such as body consciousness, emotions, self-acceptance, self-healing and taking responsibility for one's own life, and guided imagery. Following the intervention, participants reported a decrease in exhaustion, an increase in personal efficacy, happiness, purpose, and meaning of life over a six month period. Participants also reported their spirituality was enhanced and they were more connected with their emotions following the intervention.

Interventions to Reduce Burnout among Mental Health Providers

Despite the need for burnout prevention and interventions for mental health providers, few programs have implemented and evaluated (Morse et al., 2012). In a review of 25 burnout intervention programs, Awa, Plaumann, and Walter (2010) found that 82% of person-directed interventions had a significant reduction in burnout lasting six months after the intervention. These interventions resulted in enhance personal coping skills, increase social support, and included relaxation exercises. Several inventions that have been provided to mental health professionals have involved mindfulness and self-awareness training (Newsome, Christopher, Dahlen, & Christopher, 2006; Salyers et al., 2013; Shapiro et al., 2007).

Morse et al. (2012) reviewed studies related to burnout among mental health workers. The research revealed that 21% to 67% of mental health workers experience high levels of burnout. The review aimed to look at the extent to which burnout is a problem for mental health workers and what should be done to address burnout. Upon searching for interventions for mental health staff on PsychInfo from 1987-2010, the researchers only found eight studies. Of these studies, only two were conducted in the United States and the rest in European countries. Programs for individuals fell within the Cognitive Behavioral Therapy category in which staff members were provided psychoeducation, and practiced skills such as cognitive restructuring, and progressive muscle relaxation. Of these studies, only five programs resulted in decreased burnout among mental health workers.

Mindfulness

Salyers, Hudson, Morse, Rollins, Monroe-Devita, Wilson, and Freeland (2011) provided a one day workshop on methods to reduce burnout among mental health providers. The Burnout Reduction: Enhanced Awareness Tools, Handouts, and Education (BREATHE) training included burnout prevention education and experiential activities to reduce burnout. Skills practiced included mindfulness, meditation, developing social supports, setting limits, and other self-care activities. Results from this study found that participants reported significant reductions in emotional exhaustion and depersonalization six weeks after the workshop. Furthermore, the results found an improved view of their clients' outcome.

Shapiro, Brown, and Biegel (2007) also explored the relationship between mindfulness practices and mental health outcomes among master's level counseling psychology students. Students were taught mindfulness practices for two hours a week for eight weeks as a part of a graduate level class. Participants showed decreases in perceived stress, negative affect, anxiety, and rumination. Participants also reported increases in positive affect and self-compassion.

Newsome et al. (2006) examined the effects of a 15 week mindfulness curriculum offered to graduate level counseling students. Results from this qualitative study supported the value of mindfulness-based practices for graduate students pursuing a degree in counseling. Students enrolled in the course expressed positive physical, mental, emotional, spiritual, and interpersonal changes. Participants also reported significant improvement on their counseling skills and therapeutic relationships. Christopher, Christopher, Dunnagan, and Schure (2006) also studied the value of

mindfulness practices. Participants eleven were first and second year masters' level graduate student in mental health counseling who participated in a mind body course. Participants of the mind body course reported that they found the class helpful in their personal and professional development. Participants also reported an increased ability to focus, stay present, and that they were more equipped to deal with stress.

Cognitive Interventions

Scarnera, Bosco, Soleti, and Lancioni (2009) recruited 25 mental health workers to participate in their cognitive behavioral intervention. Participants were provided six monthly workshops which aimed to develop techniques to promote interpersonal relationships, assertiveness training, and coping with work stressors. Results of this study found a decrease in depersonalization at the end of the training. Cohen and Gagin (2005) also explored the effects of different skill-development training groups on burnout among hospital social workers. Two different programs were examined: group intervention skills and general hospital social work skills. Both groups incorporated education, peer support, and development of self-awareness. Participants were 20 hospital social workers who participated in a 15-week intervention. Results found that depersonalization decreased, personal exhaustion in both groups declined, and personal exhaustion declined following the intervention. Participants also reported an increase in perceived support which may act as a buffer to burnout. Results revealed the value of providing trainings to reduce and prevent dimensions of burnout among hospital social workers.

Company Wellness Programs

No empirical studies on comprehensive wellness programs implemented for mental health providers were found in the literature. However, company wellness programs have been implemented in a small business setting. Merrill et al. (2011) measured the effectiveness of a small business wellness program. A small business of 479 employees implemented an incentive wellness program which aimed to heighten awareness among employees of their current health status, promote physical fitness, improve dietary behaviors, improve sense of community, and increase employee satisfaction. Employees were provided with wellness activities throughout the year and quarterly health screenings. Results from this study found that employees reported a significantly higher rate of perceived physical, mental, and emotional health; improved job satisfaction, and a decrease in absenteeism in comparison to workers in surrounding areas. Employees were also less likely to experience health problems related to obesity, flu, or heart attacks. Parks and Steelman (2008) examined the relationships between participation in company wellness programs, absenteeism, and job satisfaction. Results revealed that participants of company wellness programs had lower levels of absenteeism and higher levels of job satisfaction compared to other employees.

Churchill, Gillespie, and Herbold (2014) looked at what employees desired in wellness programs and motivational factors that contributed to participation. Results from this study found that gym memberships, personal training, and healthier food options were associated with increased participation in wellness programs. Financial incentives were also found to be effective means of increasing employee participation in organizational wellness programs.

Needs Assessment

As discussed, mental health providers are at risk for experiencing symptoms of burnout due to the nature of their profession and high emotional demands of their work. The consequences associated with burnout have an effect on individuals, the workplace, and the clients they serve.

Conclusion

Literature regarding burnout discusses three dimensions of burnout: emotional exhaustion, depersonalization, and diminished personal accomplishments. Issues related to burnout include decreased physical health, deterioration of mental health, and its impact on quality of services provided to consumers. With regard to mental health professionals, research revealed that emotional exhaustion had a positive association with involvement with clients with severe mental illness. Negative work environment, over-involvement, working for non-profit agencies, lack of social support, and lack of job autonomy have also been found to be correlated with burnout. Research found that protective factors for burnout include increased level of supervisor and management support, coworker support, high education level, and increased level of self-awareness.

Interventions to prevent and reduce burnout have mainly focused on psychoeducation, support groups, self-awareness and mindfulness, and cognitive behavioral interventions. Programs include teaching mindfulness practices, teaching self-awareness skills, promoting self-care, teaching relaxation skills, and providing coworker support groups. Despite high rates of burnout among mental health professionals, there is a lack of empirical studies conducted on interventions for this population. If funded, the

proposed program would provide needed support to mental health professionals and contribute to research on burnout intervention.

CHAPTER 3

METHODS

Strategies for Identifying Funding Sources

Possible funding sources for the Wellness Program were sought through Google and Grants.gov. The writer used key words and phrases to search for grants that fund corporate wellness programs specifically for non-profits or mental health agencies. The following key terms and phrases were used in a database search for grants: “non-profit,” “wellness program,” “Orange County California,” “company wellness,” “health and human services,” “mental illness,” “mental health provider,” “mental health,” “burnout prevention,” “burnout reduction,” “holistic wellness program,” and “comprehensive wellness programs.” Following an extensive search, several potential funders were identified, including the Weingart Foundation and grants funded by the Patient Protection and Affordable Care Act.

The Weingart Foundation

The Weingart Foundation (2014) offers grants to non-profit organizations that provide services in health, human services, and education. Priority is given to non-profit organizations that provide services to economically disadvantaged children and youth, older adults, and those affected by homelessness or disabilities. Furthermore, the foundation prioritizes non-profit organizations that provide service in California counties including Los Angeles, Orange, Riverside, San Bernardino, Santa Barbara, and Ventura.

According to their most recent fiscal annual report ending in June 2014, the Weingart Foundation awarded over \$32 million in grants. A total of \$16,328,346 was provided to 270 organizations working in human services. The foundation's Regular Grant Program provides support for non-profit organizations requesting over \$25,000. Applications for the Regular Grant Program are reviewed and accepted throughout the year and take approximately six months to be reviewed.

The Patient Protection and Affordable Care Act

The passage of the Patient Protection and Affordable Care Act in 2010 made many changes in the United States health care system (Health Law Guide for Business, n.d.). One of the changes included tax credits and grants provided to companies that invest in comprehensive wellness programs for their employees. The new law provides for companies with fewer than 100 employees to receive grants to create their own wellness programs. The program must be available to all employees and include health awareness initiatives such as health education, preventive screenings, and materials on healthy life style choices. Also included should be a supportive workplace environment that encourages increased physical activity, healthy eating, and improved mental health. Eligible employers are to submit an application and a comprehensive proposal to the U.S. Secretary of Health and Human Services (HHS). However, HHS has not released details regarding the application process. The writer has contacted the Health Care Law Guide for Business via email regarding updates in the application guidelines and has not received any responses.

Program Structure

The proposed program will incorporate weekly activities and incentives to promote self-care and wellness. An employee with a MSW will coordinate the wellness program. The program coordinator will recruit members to join a planning committee in order to assess the specific needs of the worksite and implement the program. Members of the committee will include MSW Interns whom will help in the planning and motivating employees to make healthy choices to recognize and reduce symptoms of burnout. The wellness committee will meet weekly in order to discuss progress of the program and topics relevant to the agency's needs and goals related to agency wellness.

Activities will be offered throughout the week and will include a one hour on-site fitness class taught by a certified yoga or fitness instructor, wellness workshops (e.g., nutrition, building social support, stress management, spa day), and mindfulness practices (e.g., meditation, self-reflection). Incentives including gift cards and novelty items will be used to encourage self-care and participation in the wellness program. Activities will occur during lunch time or offered as in-service trainings during staff meetings as to not to disrupt workplace productivity.

Host Agency

Western Youth Services (WYS) is a non-profit organization located in Orange County, California, which provides a range of services to meet the mental health needs of children and families (2015). The program will be implemented at their outpatient clinic in Fountain Valley, California, known as the WYS West Clinic. This mental health outpatient clinic offers intensives services including individual, family, and group therapy; case management services; parent-child interaction therapy (PCIT);

psychological testing; and psychiatric/medication services to children who qualify for services.

Target Population

The target population includes mental health providers and other employees at WYS West Clinic. The grant writer will collect information on demographics of the 30 mental health providers and employees at the agency. The wellness program will be implemented on site and will be offered to all interested employees. Services will be free of charge and will aim to prevent or decrease symptoms related to burnout through promotion of self-care and wellness.

Needs Assessment

According to the program director of WYS West Clinic, there is a need for a wellness program due to the vicarious trauma and compassion fatigue experienced by providers. Mental health providers provide supportive service to children and families dealing with mental health issues that impair a child's social, academic, and relational functioning. Based on anecdotal information collected from the director, the staff members have requested the following programs: a fitness program, monthly fitness challenges with prizes, healthier lunch options, wellness resources, spa days, and incentives such as subsidies/gift cards for healthier supermarkets.

Proposed Budget

Based on the plans for the proposed program, it is estimated that the budget for yearlong wellness program would be \$26,150. The proposed budget will include the cost of a part time Wellness Program Coordinator, yoga or fitness instructor, wellness coach, wellness materials, and incentives such as gift cards and novelty items. One MSW

employed at WYS will be needed to coordinate the Wellness Program part-time for a one year period. The Wellness Program Coordinator will be required to oversee the Wellness Program Committee. The Wellness Committee will consist of the Wellness Program Coordinator and four MSW Interns whom will be in charge of assessing, planning, implementing and evaluating the program. A yoga or fitness instructor will provide on-site classes one day per week. The wellness coach will provide education about burnout, stress management, and healthy life style choices. Materials needed to promote wellness (e.g., posters, pedometers, and fitness mats) are also included in the budget.

CHAPTER 4

GRANT APPLICATION

This chapter reviews the requirements for submitting a grant application to the Weingart Foundation to fund the WYS West Clinic Wellness Program. This section will provide an executive summary, statement of need and a description of the target population. A description of the program will be discussed along with objectives, activities and program evaluation plans. Lastly, this chapter will discuss the proposed budget and provide the budget narrative for the program.

Executive Summary

The purpose of this grant proposal is to seek funding for the WYS West Clinic Wellness Program to develop a comprehensive wellness service for mental health providers and employees. Current interventions focus on psychoeducation, cognitive behavioral techniques, support groups, and mindfulness practices (Newsome et al., 2006; Salyers, 2011; Scarnera et al., 2009; Shapiro et al., 2007). Other worksites aim to decrease risk of chronic illness and increase worker productivity through company funded wellness programs that promote smoking cessation, physical fitness, and healthy eating habits (Merril et al., 2011).

The grant writer is requesting \$26,150 from the funding source for a period of one year. The proposed program will provide activities, workshops, trainings and incentives to promote self-care and wellness to mental health workers and staff with the goal of reducing symptoms of burnout. The program will be coordinated by a WYS West Clinic

employee with a MSW degree and supported by WYS MSW Interns. The Wellness Committee will assess the specific needs of the worksite, implement the program, and evaluate the project. The Wellness Committee will meet weekly in order to plan for weekly activities, discuss topics relevant to the agency's needs and goals related to agency wellness, and provide social support to the interns as they gain experience working in the mental health field.

Statement of Need

Mental health providers are at risk for experiencing symptoms of burnout due to the nature of the profession and emotional demands of their services (Acker, 2011). Mental health professionals work closely with clients who experience severe mental illness and trauma. As a result, providers may experience burnout and compassion fatigue that have an effect on the individual, workplace, and population served. Few interventions or prevention programs have been implemented for mental health professionals (Morse et al., 2012). For this reason, it is important to support mental health providers through a program that will help them thrive in their career. Furthermore, due to the nature of the job and the lack of funding, it is imperative that funds are located in order to develop a program that supports agency's employees.

An informal needs assessment was conducted by WYS West Clinic program director regarding employee ideas for a wellness program. Employees expressed interest in a fitness/weight loss program, fitness classes, and monthly fitness challenges with incentives, gift cards to health grocery stores, wellness seminars, wellness resources, and massage/spa days. The agency currently offers discounted rates for gym memberships for employees. Previous attempts to promote employee health and wellness include a day

long employee appreciation day, an hour long wellness seminar, and weekly wellness activities coordinated by a MSW Intern.

Host Agency Information

Western Youth Services opened in 1972 and has become one of the largest non-profit human service agencies providing children, youth and families' intensive mental health services in Orange County, California (WYS, 2015). WYS has over 200 employees and interns including psychologists, psychiatrists, clinicians, mental health workers, and administrative staff. The agency offers mental health services throughout the community at their outpatient clinics, family resource centers, through outreach and education, and at their school-based Jumpstart program. The agency offers a range of services to help meet mental health needs of youth and families through education; early intervention; and individual, family and group therapy to intensive services for those with multiple needs.

The host agency, WYS West Clinic, is a mental health outpatient clinic located in Fountain Valley, California. Services offered include case management, linkage to resources, individualized, family and group therapy, psychological testing, Therapeutic Behavioral Services, and psychiatric/medication services for youth diagnosed with mental illness. Also offered at the clinic are evidence-based interventions such as Functional Family Therapy and Parent-Child Interaction Therapy. Funding for services come from Medi-Cal, grants, and Proposition 63.

Mission and Vision

The mission of WYS is to empower youth and families through prevention and specialized services that enrich mental health and wellness (WYS, 2015). WYS is a non-

profit agency which aims to make a difference in the communities they serve by improving the quality of life in the community, maximize human potential, and promote culturally sensitive self-sufficiency through their services. The vision of WYS is a society where youth and families are emotionally equipped and empowered to succeed.

Target Population

The target population will be mental health providers and employees at WYS West Clinic, who provide direct or indirect service to consumers. There are approximately 30 employees and interns at WYS West Clinic. Providers and employees include Marriage Family Therapist's, social workers, interns, TBS coaches, volunteers, Program Coordinator, Program Director, Psychologist and Psychiatrist, and Quality Assurance Personnel. Full-time clinicians have a minimum of 25 clients and are required to have a minimum of 1,200 direct service hours per year averaging a minimum of 23 direct service hours per week.

Program Description

The Wellness Program will be offered to all employees and interns at WYS West Clinic. The program will provide an opportunity for mental health professionals and employees to learn and practice to skills prevent or reduce symptoms of burnout. The program will also encourage a culture of peer support among employees at the clinic through group fitness classes and in-service trainings for all employees. An employee with a MSW will be designated as the part-time Wellness Program Coordinator who will partake in the assessment, planning, implementation and evaluation of the program. The Wellness Program Coordinator will also provide support, guidance, and motivation to participants of the wellness activities.

MSW Interns will be recruited to be a part of the wellness committee as this would provide them an opportunity to gain insight into burnout symptomology and wellness strategies to promote self-care. WYS will contact local universities with Masters of Social Work programs to recruit interns for the academic school year. Members of the committee will be required to read the National Health Worksite Program training manual offered by the Center for Disease Control and Prevention (Center for Disease Control and Prevention [CDC], 2014). The project will encourage employees to utilize self-care strategies and create a workplace environment that is supportive of one another. This current project is needed due to burnout symptoms and compassion fatigue experienced by mental health providers as a result of the intense and demanding services they provide to their clients.

Goals, Objectives, and Activities

The goal of the program is to prevent, reduce, and manage symptoms of burnout by improving employee health, wellness, and self-care. The goal will be achieved by developing a comprehensive wellness program managed by a Wellness Committee Program Director and a team of MSW Interns who will support the project. Objectives and activities to reach outcomes will be discussed in this section.

Objective 1: To recruit and develop a Wellness Committee, which consists of a part-time MSW Wellness Program Coordinator and four MSW Interns within the WYS West clinic site who will meet weekly for a ten month period.

Activities: The designated Wellness Program Coordinator will first meet with the four MSW Interns to utilize resources and trainings from the National Health Worksite training manual offered by the CDC (2014). The first month of the program will focus

on training, assessing and planning for the program. All employees will be provided an anonymous online survey in order to gain a better understanding of their needs, interests, and motivations about planning and implementing a wellness program. Planning will involve recruiting participants, determining of intervention strategies, a detailed timeline for implementation, action steps for implementation, and evaluation plan for each intervention.

Objective 2: To reduce symptoms of burnout and illness through employee participation in the wellness program.

Activities: Baseline measures would be gathered through use of surveys to measure burnout symptoms and illness. Employees will be encouraged to complete annual physical for health screening through their primary care physician in order to measure current or potential health risks. Weekly on-site fitness classes will be offered during lunch time. Wellness seminars, nutrition workshops, and stress management trainings will be offered monthly as in-service trainings. Incentives will also be offered to promote participation in activities and strides made towards personal health goals.

Objective 3: To educate and train employees on skills and techniques to prevent or reduce burnout and chronic illness.

Activities: In-service trainings will review topics such as stress management, weight management, occupational health and safety, and balancing personal and professional life. Members of the Wellness Committee will each be required to research and facilitate one wellness seminar related to burnout, health, wellness, or self-care strategies as a part of the monthly in-service training.

Objective 4: To use organizational and environmental approaches to support healthy eating, physical activity, and peer support.

Activities: The Wellness Committee will use promotional material to encourage employees to use the stairs or increase walking. They will develop an agency-wide health, fitness, weight loss or nutritional goal to demonstrate organizational commitment to improving health. Incentives will be provided by the committee when milestones and the overall agency goal are met. In the agency break room, a sign will be posted to monitor progress towards goals. The committee will also coordinate with the agency program director to develop a formal plan for healthier food choices at agency meetings.

Program Evaluation Plan

The WYS Wellness Program will be evaluated with pre-test and post-tests. At the start of the program, all employees will be given a survey in order to measure baseline levels of burnout symptoms, stress, and symptoms of physical illness. The pre-test will also include questions relating to current coping skills to reduce symptoms of burnout. The post-test will include repeated baseline questions, and questions related to the satisfaction and effectiveness of the program.

Biometric health screenings with the employee's primary care physician will be encouraged to measure for current and potential health risks. Biometric screenings provide information such as blood pressure, glucose levels, and body composition that is often completed during annual physicals. This will provide a baseline measurement and provide direction in which the agency may want to follow in their physical health related goals.

The program will also be evaluated through monitoring attendance at in-service trainings, workshops, and fitness classes. Attendance will be taken during each wellness activity to monitor participation in services. Electronic fitness trackers will also be provided to monitor progress towards individual fitness goals. Fitness trackers help track body movement in steps and miles, calories burned, and sleeping patterns that could support individuals in helping them reach their fitness and health goals.

Budget and Budget Narrative

The budget for the proposed wellness program is \$26,150 for one year. Funding will include salaries, benefits, and program operational costs. Administrative overhead cost, office space, office furniture, rent, and utilities will be provided in-kind through WYS West Clinic.

Personnel

Wellness Program Coordinator (MSW): This is a part-time position paid through the grant. The Wellness Program Coordinator will oversee all activities provided by the Wellness Program and ensure that funds are being utilized appropriately. The hourly rate is \$50 an hour at three hours per week totaling \$7,800 for one year. Benefits were calculated at 25% for a total of \$1,950 for 1 year.

Wellness Committee Members: Wellness Committee Members will consist of four MSW Interns who will help in the assessment, planning, and implementation of the program. Interns will assist the MSW in all activities and in-service trainings and will be at no cost to the funder. Interns will be recruited from local universities with MSW programs that require internship as a part of their graduation requirements.

Yoga Instructor/Fitness Instructor: This is a contracted position paid through the grant for a rate of \$100 per class for one class per week for 40 weeks totaling \$4,000 for a year.

Wellness Consultant/Coach: This is a contracted position paid through the grant for a flat rate of \$100 per workshop quarterly throughout the year totaling \$400.

Direct Cost

Office supplies: This will include the cost of paper, staples, staplers, tape, pencils, pens, highlighters, folders, notebooks, posters, educational materials and any other office supplies estimated at \$200 per months for 12 months totaling \$2,400 for the year.

Office equipment: This will include one laptop at \$1,000 for the year.

Program supplies: Digital fitness trackers at \$100 for 30 employees totaling \$3,000 for the year.

Food and drinks: This will be provided at each in-service training, workshop and wellness committee meeting at \$300 per month totaling \$2,400 for the year.

Incentives: Approximately \$200 will be needed per month to purchase incentives including gift cards and promotional items at \$2,000 for ten months.

Miscellaneous: Approximately \$100 per month will be spent on miscellaneous expenses totaling \$1,200 for the year.

In-Kind Donations

Rent: WYS West Clinic will provide space for the proposed program, workshops and fitness classes. Office space will also be provided for the Wellness Program Coordinator and MSW Interns. The estimated cost of rent is \$12,000 for the year.

Utilities: WYS West Clinic will pay for the utility cost for the proposed program. The estimated cost of utilities is \$600 for the year.

Administrative Overhead: WYS will provide administrative overhead cost such as supervision for employees who participate in services. This is estimated at 10% of the total program cost for a total of \$2,615 a year.

Equipment: WYS West Clinic will supply a printer and projector for committee meetings, in-service trainings and workshops. The estimated cost of office equipment is \$1,000.

Office Furniture: WYS West Clinic will supply office furniture including tables and chairs for committee meetings, in-service trainings, and workshops. The estimated cost of office furniture is \$5,000.

A line-item budget is included in the Appendix of this grant proposal.

CHAPTER 5

LESSONS LEARNED

Grant Writing

Prior to writing this grant proposal, the writer had no previous experience in writing and applying for grants. There were many areas of interests that the writer had for this project that resulted in aimless research on possible topics. After barriers with one topic, the grant writer followed her intuition and committed to a subject about which she was excited. When deciding on a topic for the grant proposal, the writer eagerly contacted an agency to see if they were interested in being a host agency for the program. Upon acceptance from the host agency, the process of writing the grant was more meaningful as the agency felt a need for the program. Having support from the agency added significantly to the importance of writing this grant proposal in order to fund this program.

As a novice to writing grant proposals, the writer found that grant writing is very tedious due to the amount research needed to be done at each stage and many factors to consider. For example, while writing the literature review, the writer had to consider what to include due to the wealth of data on burnout. Despite there being a wealth of data on burnout consequences and interventions, there was little recent research on interventions for mental health providers. The writer had to be creative when considering general burnout interventions and applying them to mental health providers when creating the program.

Another stage that was difficult to complete occurred when developing goals and objectives for the program. The writer struggled during this step due to not having conducted a formal needs assessment with the agency. Creating goals and objectives traditional to company worksites were developed. However, the writer felt hesitation when doing so considering the experiences of mental health providers. Aligning with the agency's mission was helpful in developing goals and objectives. Furthermore, the goals and objectives were developed based on an informal needs assessment of current employees that may change from one time to another.

Selection of Host Agency

The simplest part of the grant writing process was selecting a host agency. The topic of project was inspired by the experiences that the writer had at the agency. The writer previously interned for WYS West Clinic where the program director discussed the need to supporting staff due to the vicarious trauma and burnout providers may experience. The writer planned and facilitated weekly wellness psychoeducation groups that were voluntary for all employees and interns in order to provide support for all staff members. Upon contacting the agency, the director agreed that there is continuing a need for a wellness program and agreed to be the host agency for this grant proposal.

Identifying Funding Sources

The grant writer began the search for funding sources by navigating through the internet for local, federal and foundation grants. The grant writer also reviewed previous grant proposals in order to gain a better understanding of which foundations would be more likely to fund the program. An internet search for current policies related to worksite health standards was conducted in order to gain a better understanding of

current law and grants provided to promote worksite wellness. During the search, the writer found one federal grant that my fund the project; however, there were no details on the application process.

Program Design

There was a wealth of free information on worksite wellness programs found on the internet. Some websites offered free manuals, printouts, and statistics on wellness programs. Others required a fee in order to access their services. The writer decided to utilize the CDC manual and resources when planning and designing a program that was organized and evidenced based. The writer also considered the agency needs and the research on burnout intervention when designing the program. It was important to respect the requests of the agency and develop a program based on the research; therefore, the writer decided to develop comprehensive wellness program that would focus on physical health, mindfulness practices, and social support.

Budgeting

While developing the budget, the writer found that it was necessary to attend a workshop on what is needed to be included in the budget. Upon attending the workshop, the writer gained a better understanding of necessary items to be included such as liability insurance and administrative oversight costs. Furthermore, the writer wanted to utilize any in-kind or free resources to make the funder view the program as cost-effective.

Professional Development

This project was a part of a graduation requirement for the Masters of Social Worker program at California State University, Long Beach. From this experience, the writer gained insight on the amount of work that is needed to develop and fund a project.

It was necessary to be committed and invested in the project in order to make progress during the grant writing process. The writer was reminded of the need for social workers to be aware of symptoms of burnout, how this affects their job performance and commit to maintaining their well-being. On a personal level, the writer gained more experience, understanding, and inspiration to continue to support social workers and other mental health providers. During the process of writing this grant, it was necessary to maintain well-being through social support, meditation, and physical exercise. The writer was also inspired to create and develop an informal wellness group for social work students to promote healthy habits and support among peers. Writing this grant proposal guided the writer towards a social work niche in promoting health and wellness for social workers and other mental health providers.

Implications for Social Work Practice

Social workers aim to enhance human well-being and help all individuals meet basic needs, especially those who are vulnerable and marginalized (NASW, 2008). Social workers provide service to vulnerable and marginalized clients. A part of treatment and the success of the client include developing strong therapeutic alliances that require empathy, compassion, and patience. As a result, social workers are at an increased risk for experiencing symptoms of burnout and compassion fatigue. When Social workers experience burnout, they are less able to provide and care for the clients they serve. For this reason, it is imperative that social workers and organizations promote self-care, wellness, and balanced health. Maintaining well-being in order to prevent burnout and compassion fatigue is essential to becoming a successful social worker.

Conclusion

Mental health providers are at an increased risk for experiencing burnout symptoms including emotional exhaustion, low levels of personal accomplishment, and depersonalization. Burnout has been associated with several negative consequences including increased absenteeism, reduced job satisfaction, high turnover, decreased job performance, and negative effects on one's physical and mental health (Maslach et al., 2001). Consequences of burnout may directly or indirectly affect the clients or communities served. For this reason, there is a need for programs to reduce and prevent burnout among mental health professionals.

The process of writing this grant proposal provided the writer insight on the effects of burnout and the need for interventions for mental health providers. During the process, the writer became more aware of the conscientious effort that social workers need to make towards taking care of their mental, physical, social, and spiritual health. Due to the lack of current research on evidence-based interventions on burnout for mental health providers, it is recommended that future research on burnout include professionals in mental health services. Research on the effectiveness of comprehensive worksite wellness programs for reducing burnout would contribute to the development of evidence-based interventions on burnout.

APPENDIX:
LINE ITEM BUDGET

APPENDIX

Line-Item Budget

<u>Expenses</u>	<u>Amount</u>
<i>Personnel</i>	
PTE Wellness Coordinator, MSW	\$ 7,800
Benefits @ 25%	\$ 1,950
PTE Wellness Committee Members, MSW Interns	\$ -
Yoga Instructor/Fitness Instructor	\$ 4,000
Wellness Consultant/Coach	\$ 400
TOTAL SALARIES AND BENEFITS	\$ 14,150
<i>Direct Program Costs</i>	
Office Supplies	\$ 2,400
Office Equipment	\$ 1,000
Program Supplies	\$ 3,000
Food & Drink	\$ 2,400
Incentives	\$ 2,000
Miscellaneous	\$ 1,200
TOTAL DIRECT PROGRAM COSTS	\$ 12,000
<i>In-Kind Donations</i>	
Rent	\$ 12,000
Utilities	\$ 600
Administrative Overhead @ 10%	\$ 2,615
Equipment	\$ 1,000
Office Furniture	\$ 5,000
TOTAL IN-KIND DONATIONS	\$ 21,215
TOTAL PROGRAM COSTS	\$ 47,365
<hr/>	
TOTAL REQUESTED FROM FUNDER	\$ 26,150

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