

Background and Research



- **Critical Shortage in CBH**
 - The nonprofit Community Behavioral Health (CBH) sector faces a severe workforce shortage. (U.S. Department of Health and Human Services, 2024).
- **Burnout and Compassion Fatigue**
 - Studies link increasing secondary traumatic stress and compassion fatigue to staff burnout, which fuels high turnover rates. (SAMHSA, 2022; National Council for Mental Wellbeing, 2024).
- **Low Wages**
 - Providers in CBH often earn significantly less than their counterparts in private or for-profit organizations. (National Council for Mental Wellbeing, 2024; SAMHSA, 2022).
- **Systemic Underfunding**
 - Chronic underfunding, primarily due to limited Medicaid reimbursements and insufficient public investment, constrains CBH agencies' ability to offer competitive wages or resources (SAMHSA, 2022, 2024).
- **Impact on Vulnerable Populations**
 - Workforce shortages in community behavioral health settings disproportionately impact marginalized groups thereby reinforcing systemic inequities and deepening disparities in health outcomes. (HHS, 2024; SAMHSA, 2024).
- **Reduced access to care for Medicaid recipients**
 - Higher rates of untreated mental illness, leading to increased risk of suicide, homelessness, and incarceration (World Health Organization, 2022).



Need Statement

Community mental health workers in nonprofit community behavioral health agencies face high levels of stress that often lead to burnout and compassion fatigue. These conditions not only affect their personal well-being but also reduce job satisfaction and increase turnover. There is a critical need for organizational support to address these challenges.



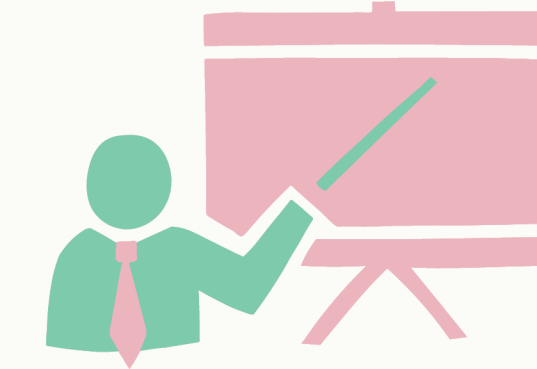
Goal Statement

This intervention aims to create a safe, structured forum where community mental health workers can openly share their emotional and professional challenges, thereby fostering a strong sense of community. By enhancing staff resilience and emotional well-being, the intervention seeks to reduce burnout and compassion fatigue, and improve job satisfaction and retention.



Core Components of the Community Care Circle Intervention

- **Structured Support Sessions**
 - Facilitated group check-ins encourage sharing of personal care experiences. Each session begins with a shared theme e.g., "Working with clients experiencing homelessness" or "Navigating feelings of helplessness in the face of systemic barriers".
- **Narrative Sharing**
- **Resource Sharing & Skill-Building**
- **Organizational Leadership Engagement**
 - Active leadership buy-in ensures policy-level support, with leaders participating in select sessions to actively listen and integrate staff feedback without dominating discussions.
- **Trauma-Informed Approach**
- **Safe, Confidential Environment**



Theoretical Frameworks

Organizational Support Theory

Organizational Support Theory (OST), developed by Robert Eisenberger and colleagues, is a framework in organizational psychology that explains how employees' perceptions of their organization's support affect their attitudes, behaviors, and overall well-being at work. It builds on social exchange theory by suggesting that the relationship between an employee and the organization is reciprocal—when the organization provides support, employees are more inclined to offer their best work in return. Impact on Work Outcomes include increased job satisfaction, enhanced performance reduced turnover, and lower stress and burnout.



Christina Maslach's Theory of Burnout

"Job burnout is a prolonged response to chronic interpersonal stressors on the job. The three key dimensions of this response are an overwhelming exhaustion; feelings of cynicism and detachment from the job; and a sense of ineffectiveness and failure."

Cultural Considerations

Concepts like "burnout" or "organizational support" may not have direct equivalents in certain cultures. Researchers should confirm that the underlying ideas (e.g., feeling overworked, receiving help from management) are understood in the same way.

Pilot testing and iterative adaptation: Feedback from pilot tests can guide minor modifications to phrasing, response scales, or instructions to ensure cultural fit.

Mental health stigma: In certain cultural contexts, admitting to burnout or compassion fatigue may be perceived as a personal failing or source of shame. This can lead to underreporting.

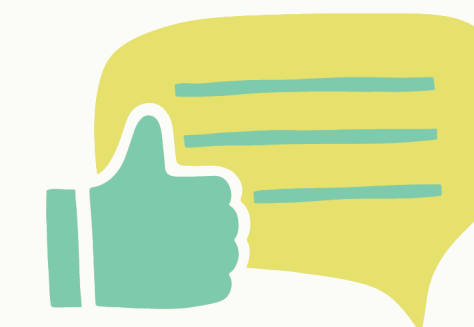


Outcomes and Indicators

Outcome 1: Community mental health workers experience reduced rates of burnout and compassion fatigue.

Indicator 1a. Pre and post intervention, participants complete The Maslach Burnout Inventory (MBI), scores indicate reduced rates of burnout of participants after 12 sessions.

Indicator 1b. Pre and post intervention, participants complete Professional Quality of Life Scale (ProQOL-5), scores indicate reduced rates of compassion fatigue and secondary traumatic stress after 12 sessions.



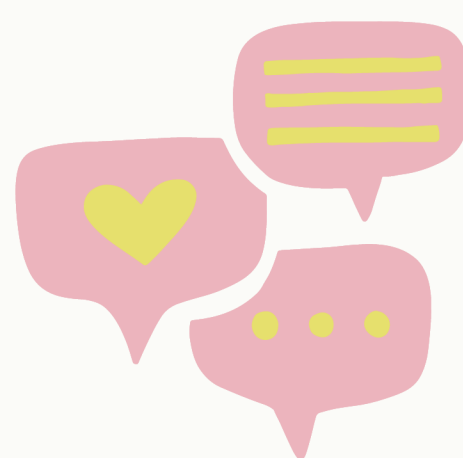
Outcome 2: Community mental health workers feel more connected and supported.

Indicator 2a. Pre and post intervention, participants complete the Erlangen Team Cohesion at Work Scale, scores indicating an increase in team cohesion after 12 sessions.

Indicator 2b. Pre and post intervention, participants complete the Survey of Perceived Organizational Support, scores indicating increased perceived organizational support after 12 sessions.



Community Stakeholder Perspective



"Often, what healthcare workers are experiencing that causes burnout is moral fatigue, so like the breakdown of the spirit that happens when you're working in a system where you're overloaded with trauma and then you're working in a system where nothing can be done, or you feel like you have no power to address the concerns that the person is bringing to you."

"So I think if we know each other then you're more likely to feel supported, and like part of the team and appreciated. I think those personal relationships are really huge, and we really don't get many opportunities to get to know each other as people."

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