



Provider burnout in counseling centers due to COVID-19:

Implications and recommendations for improving work satisfaction and overall wellbeing

Mantra Health

Background

The Authors



David Walden, PhD

Director, Counseling Center and Lecturer, Department of Psychology at Hamilton College



Harry Rockland-Miller, PhD

Clinical Advisor at Mantra Health and former Director of Counseling and Psychological Health and Executive Director of Wellness at UMass Amherst.



Kelly Carleton, MA

Clinical Operations Director at Mantra Health, a telemental health and software platform company focused on serving the needs of institutions of higher education.



Payal Marathe, BA

MBA/MPH Candidate at Columbia University

Introduction

Covid-19 has caused greater employee burnout across industries, and mental health providers are no exception. At colleges and universities, demand for mental health services was already increasing pre-pandemic and that trend has accelerated in the past year. In a 2019 survey by the American Council on Education, 90% of college presidents agreed or strongly agreed that their staff spends more time addressing student mental health compared to three years ago.¹ In an October 2020 study by American Campus Communities, 85% of college students reported feeling more stress and anxiety compared to one year ago.² This leaves clinicians and directors of school counseling centers to manage an expanding workload while learning the ropes of telehealth, facing their own isolation, and confronting new challenges of work-life balance amid Covid-19.

Mental health providers experiencing burnout are at heightened risk for developing their own mental or physical health conditions, including depression.³ Burnout leads to increased staff turnover, depersonalization (or cynical attitudes toward work), and reduced self-efficacy.⁴ These consequences are particularly severe in the context of college mental health, where students' health, safety, and well-being depends on consistent high-quality care.

Acknowledging and understanding the problem is an important first step toward a solution. We surveyed counseling center directors and clinicians at colleges and universities in the US about their experience with burnout in the Fall 2020 semester. What follows is key findings from the survey data, as well as expert recommendations by Drs. David Walden and Harry Rockland-Miller on reducing employee burnout at college counseling centers as the Covid-19 pandemic continues.

Methods

Facilitated by a survey study design, counseling center directors and their clinical staff were recruited from college and university settings across the US. Participants were contacted and asked to complete the survey through various relevant listservs, such as the Association for University and College Counseling Center Directors (AUCCCD), and an internal database of counseling center staff contact information.

The survey, which was designed internally by the study authors, was broken down into two sections for each audience, counseling center directors and the clinicians at counseling centers (see Tables 1 and 2 for survey questions), with a likert-type measurement format. Participants were asked to only focus on their experience in the Fall 2020 semester to assess the impact of Covid-19 on burnout specifically. All survey responses were collected on Google Forms and analyzed in Microsoft Excel.

Table 1. Survey for Counseling Center Directors

1. Do you feel that you are experiencing or have experienced some form of employee burnout in your workplace?
2. Do you feel that your staff in the counseling center are or have experienced some form of employee burnout in the workplace?
3. Feelings of isolation are having a negative impact overall on my work day.
4. After working, I have enough energy for my leisure activities.
5. COVID has worsened or intensified my burnout and/or isolation.
6. In what ways do you try to alleviate burnout and/or isolation for you and your staff?

Table 2. Survey for Counseling Center Clinicians

1. Do you feel that you are experiencing or have experienced some form of employee burnout in your workplace?
2. Feelings of isolation are having a negative impact overall on my work day.
3. My ability to provide quality care is compromised because of my workload.
4. I work more hours than usual because there is too much on my plate.
5. COVID has worsened or intensified my burnout and/or feelings of isolation.
6. What would help improve your or your colleagues' feeling of burnout and/or isolation?



Data were analyzed through a combination of quantitative and qualitative methods. For multiple choice questions, we calculated the proportion of responses for each choice given (e.g., yes/no or a five-point likert scale ranging from strongly disagree to strongly agree). Open-ended responses were coded with between one and three of 13 themes (see Table 3 for definitions) to capture all ideas shared.

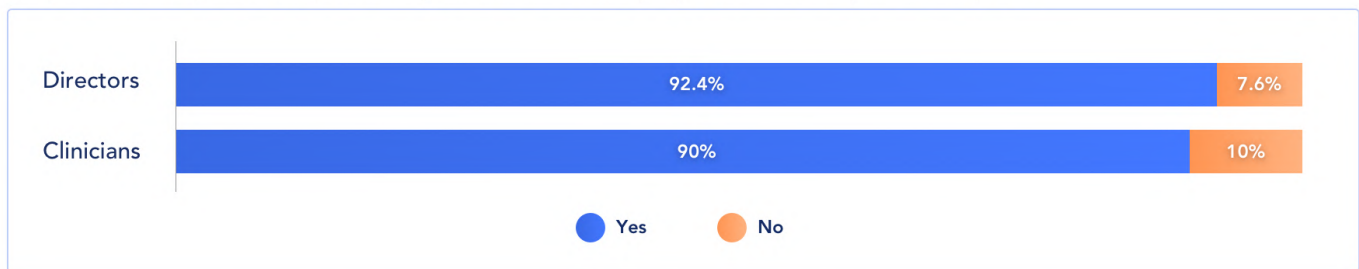
Results

A total of 139 individuals participated in the survey (N = 79 directors at counseling centers; N = 60 clinicians at counseling centers). Data is represented by 120 schools, indicating our analysis may be missing a diversity of responses from experiences of individual clinicians at each campus.

A wide range of estimates exist for the prevalence of burnout among mental health practitioners. The American Psychological Association estimates 21-61% prevalence⁵ and a comprehensive literature review in 2018 found that over 50% of psychotherapists experience burnout.⁶ In our sample, 91.4% of respondents reported burnout, highlighting the particular magnitude of this problem for providers working in college mental health, especially during the Covid-19 pandemic.

Figure 1. Self-Reported Burnout Among Counseling Center Directors and Clinicians

Do you feel that you are experiencing some form of employee burnout in your workplace?



The rate of self-reported burnout was 92.4% among college counseling center directors and 90.0% among clinical staff at a college counseling center. An even higher proportion of directors (91.1%) noted burnout within their staff, and 33% of directors who said they are not experiencing burnout themselves still acknowledged the problem within their staff.

Feelings of isolation were common in both groups, though more pronounced for clinical staff. Among directors, 55.7% agreed or strongly agreed that isolation has a negative impact on their work day. Among clinicians, 68.3% agreed or strongly agreed that isolation has a negative impact on their work day.

There were high rates of agreement that Covid-19 has intensified burnout and isolation: 76.0% of directors and 81.7% of clinicians agreed or strongly agreed with this statement. When asked about work-life balance, 55.7% of directors disagreed or strongly disagreed that they have enough energy after work for leisure activities.

Forty percent of clinicians agreed or strongly agreed that they are working more hours than usual, and 45% agreed or strongly agreed that their workload compromises their ability to provide quality care. College counseling centers are facing both greater volume and greater complexity of cases: 85% of college students report heightened stress and anxiety amid the pandemic,² and as one clinician described in our survey,

“higher acuity in client presentation has required more energy, attention, and case management on top of regular client load.”

At a glance

68.3%

of clinicians agreed or strongly agreed that isolation has a negative impact on their work day

55.7%

of directors disagreed or strongly disagreed that they have enough energy after work for leisure activities

45%

of clinicians agreed or strongly agreed that their workload compromises their ability to provide quality care

Results

Figure 2. Signs and Symptoms of Burnout among Counseling Center Directors

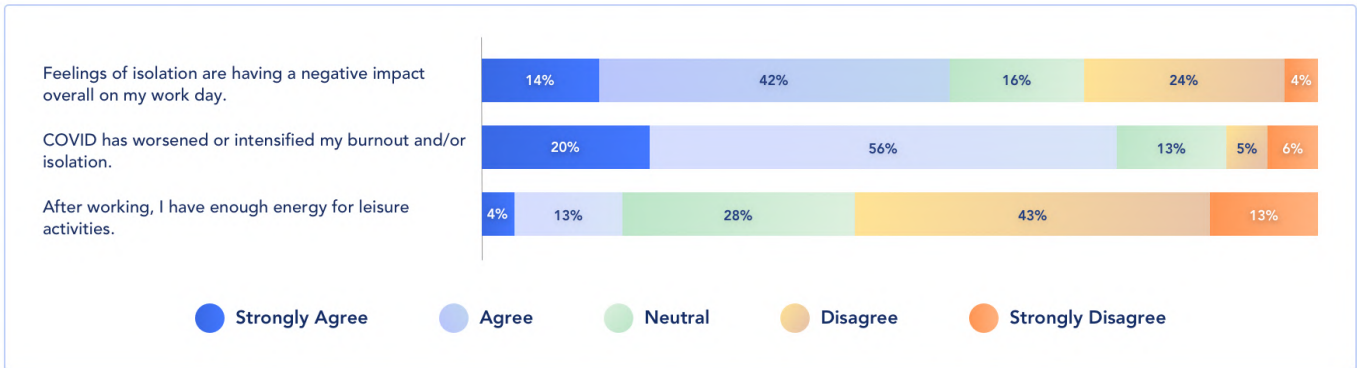
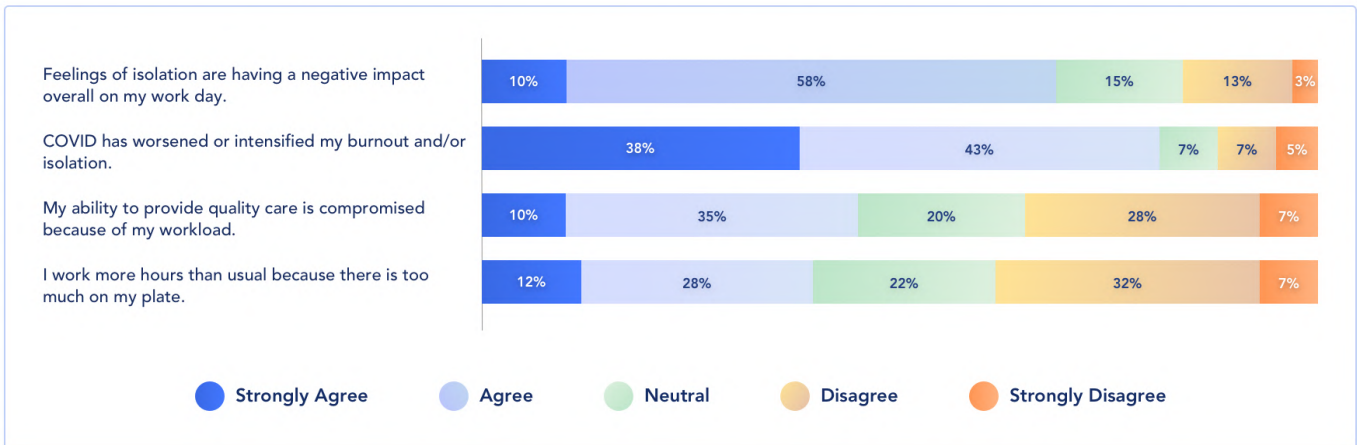


Figure 3. Signs and Symptoms of Burnout among Clinicians at Counseling Centers



When asked what has helped or could help alleviate burnout, the most common themes were staff camaraderie and personal connections with coworkers (mentioned in 37.4% of responses), a culture of openness to acknowledge and discuss burnout (mentioned in 30.1% of responses), and more vacation time or greater flexibility around vacation time (mentioned in 30.1% of responses).

Directors and clinicians alike expressed a desire to connect with their teams in a social setting and to have non-work conversations. Nearly one-third of respondents emphasized the importance of a culture that encourages team members to speak openly about burnout, rather than penalizing them or making them feel guilty. As one clinician wrote, what would help is “being able to take mental health days and sick leave without feeling the burden of neglecting care for clients or having to burden other staff who have to cover the center.” See Table 3 for additional themes that arose from participant responses.

Results

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Table 3. Frequency of Themes Proposed as Solutions to Burnout



*Note that open-ended responses could propose multiple ideas and were therefore tagged with multiple teams. The percentages listed here reflect the frequency with which a theme appeared in survey comments and do not add to 100%.

Results

Table 3. Frequency of Themes Proposed as Solutions to Burnout Cont'd

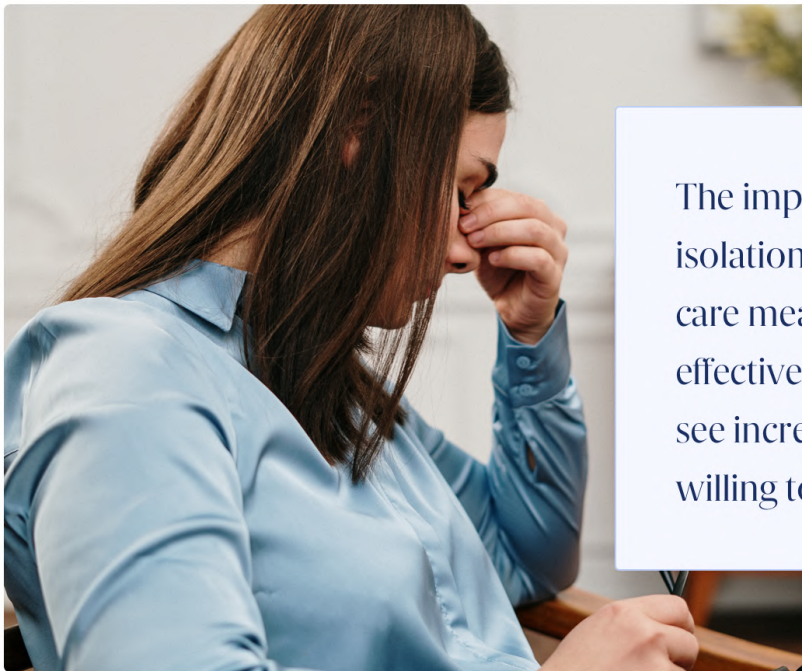


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Implications & Recommendations

The results from this brief survey are humbling. Many of our campus counseling providers, both Directors and Clinical Staff, are clearly struggling with isolation and fatigue that appears intensified by the current pandemic. Many feel that these pressures are impacting their capacity to provide quality care and reducing their energy to engage in leisure after the work day is done. We have long recognized that this work holds significant potential for clinician stress, as clinicians hold the stories and traumas of so many individuals they treat. The increased isolation required of us during this challenging time further magnifies these stresses. It is also worth noting the tension that directors may feel in this area – many more staff endorsed wanting tighter boundaries on workload (caseload caps, for example, are utilized at one participant’s institution) and this may indicate that directors may feel a need to meet competing needs for both staff and community or institution.

There is also a deeper issue at play for our discipline. Ideally, we likely all want to perform meaningful work that is satisfying and allows us to engage with the totality of our lives more fully. As a basic alternative, we likely would all accept work that is reasonably doable and allows us time to have a life outside of it, and currently even that bare minimum appears to be in danger of not being met.



The impact of the subsequent burnout, isolation, and reduced capacity for self-care means that not only will we be less effective in this work but we will likely see increased turnover and less people willing to enter into the field.

What follows are some considerations in the effort to reduce burnout and to foster a critical sense of connection and teamwork, focused on four themes that capture the qualitative feedback above as well as those outlined in existing literature⁷: Togetherness, Openness, Boundaries, and Increasing Meaning. Given our assets exist in our people who are ultimately the instrument of our work, directors and staff can collaborate on enhancing the work culture, aspiring to create a workplace based upon respect, connection, support and balance.

Implications & Recommendations

Togetherness

- Nourish personal relationships with colleagues both during and outside of work
- Encourage an environment of mutual support and connection, and find opportunities for collaboration and teamwork
- Have periodic staff retreats with a main goal to foster relationship building
- Support staff who are struggling with family stress or illness that requires extra attention, or personally have a health issue that requires workplace accommodation. Create an environment where staff know that they can go to leadership in a private and supportive way, without any repercussion, including supporting time away from the workplace if needed for family care taking



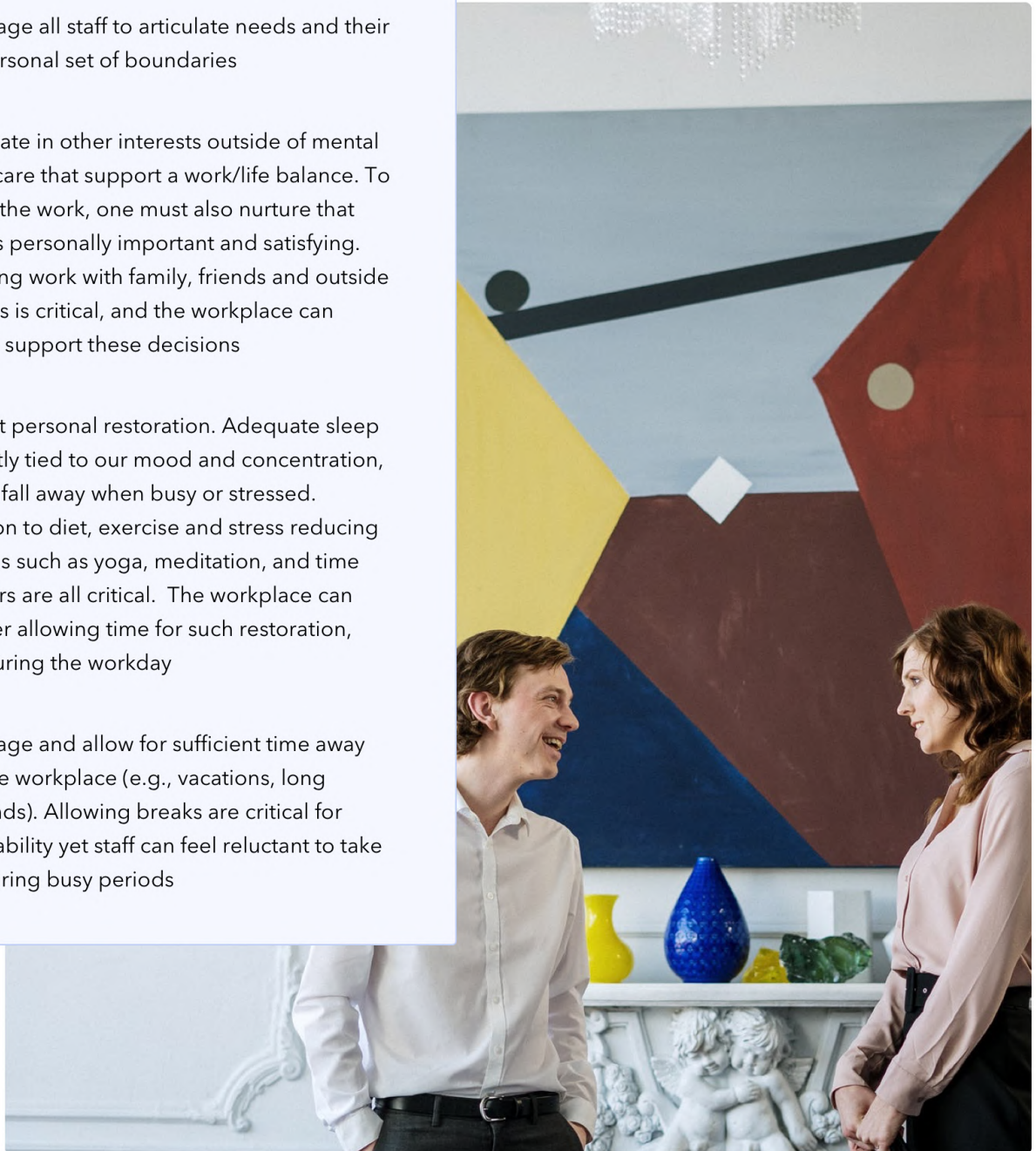
Openness

- Create a norm where staff have readily available consults when needed, as clinical staff may fear judgement in going to a supervisor or colleague when they feel uncertain about how to approach something clinically
- Communicate clear policies and procedures to reduce confusion and uncertainty in workflows and protocols
- Support personal help-seeking. Clinicians often are reluctant to admit their own personal struggles, feeling that they should be strong and ready to care for others. Acknowledge that it is ok to present vulnerability and seek personal support. While this may take different forms, staff should be supported in seeking services from an EAP, personal therapist, coach or consultant
- Connect with a network of professionals in your same role. For example, directors may feel that their unique position makes it challenging to present their own fatigue or uncertainty to their staff or supervisors. Join a community with other directors whom you can call to consult and consider meeting regularly. You can also look to professional organizations such as AUCCCD which provide a supportive network of others doing similar work

Implications & Recommendations

Boundaries

- Encourage all staff to articulate needs and their own personal set of boundaries
- Participate in other interests outside of mental health care that support a work/life balance. To sustain the work, one must also nurture that which is personally important and satisfying. Balancing work with family, friends and outside interests is critical, and the workplace can actively support these decisions
- Support personal restoration. Adequate sleep is directly tied to our mood and concentration, yet can fall away when busy or stressed. Attention to diet, exercise and stress reducing activities such as yoga, meditation, and time outdoors are all critical. The workplace can consider allowing time for such restoration, even during the workday
- Encourage and allow for sufficient time away from the workplace (e.g., vacations, long weekends). Allowing breaks are critical for sustainability yet staff can feel reluctant to take time during busy periods



Increasing Meaning

Directors and staff alike can look inward and ask themselves a series of questions that are essential for motivation and satisfaction:

Can I be myself?

Where do you feel most comfortable and with whom? Structuring your day so that where you are and who you interact with aligns with your values can significantly help, as can exploring ways to express more of yourself in the workplace.

Can I use my strengths?

We usually feel better when we're able to leverage our strengths. Perspectives on management have evolved to the point where we know that working on weaknesses is not nearly as likely to be rewarding as capitalizing on existing strengths. Be transparent with supervisors about how you view your weaknesses and strengths so that you can spend more time working on things where you can excel.

Am I proud to work here?

Satisfaction with work is higher when we're proud of the places we work and its mission. Simply acknowledging this as potential source of stress can be helpful, as can identifying and capitalizing on putting energy into things - however big or small - that you can be proud of being associated with.

Is my work meaningful?

This is the big one for many people. Viktor Frankl, author of *Man's Search for Meaning*, said that if we feel our efforts are meaningful we can endure almost any difficulty⁸. Even in environments where we have little control over the larger context around us, we can still find ways to engage with the work that increase our meaning, and find others who share and support that meaning making.

Are things kept simple?

When we don't understand the rules or find systems too complex, it increases stress and reduces productivity. Finding ways to simplify our own work day, regardless of the larger context, can be helpful in reducing stress.

While the study is small with a self-selected sample, the results are powerful and worthy of significant consideration and additional exploration. Ultimately, there is no substitute for rest when exhaustion is the problem – and that bears repeating. There is literally no other answer to exhaustion than engaging in rest and restoration. Wellness activities and other supports are essential but will not be effective if people are exhausted and can't fully participate in them. A workplace characterized by mutual support and connection allows staff to move forward even with the inherent stress of this work. It is important for us to model the very boundaries we seek to encourage in the communities we treat.

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