NATIONAL COUNCIL for Mental Wellbeing

Advancing Health Equity through Integrated Care ECHO

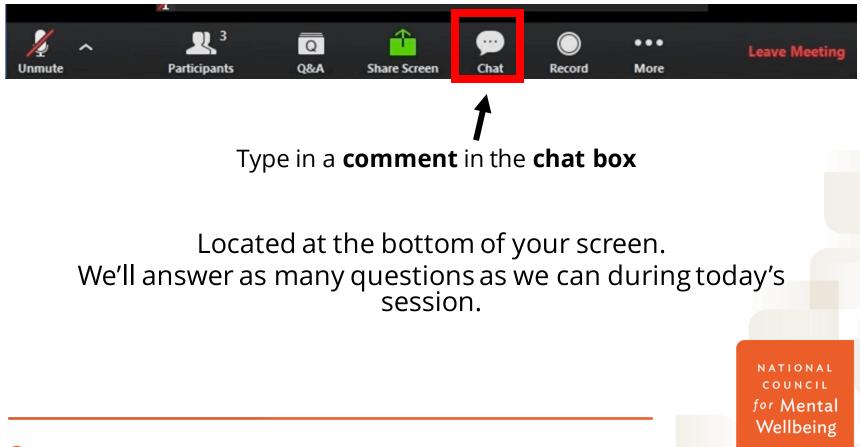
Session 6

Thursday, July 21, 2022 11:30am-1:00pm ET

CENTER OF EXCELLENCE for Integrated Health Solutions

Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

How to Ask a Question/Make a Comment



Disclaimer

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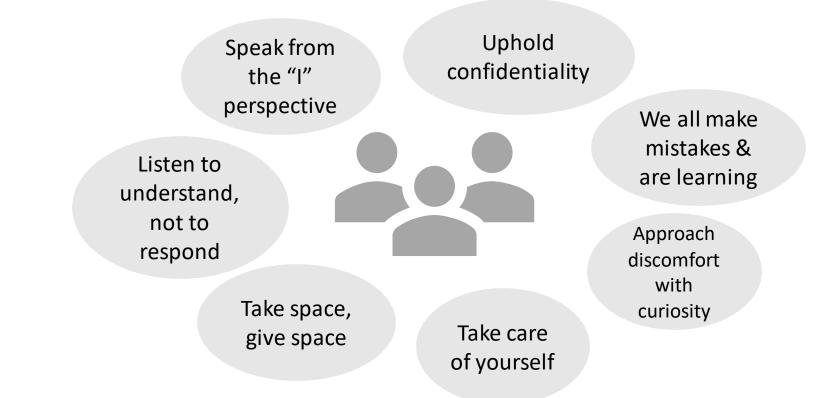
www.samhsa.gov

Welcome from the National Council!

3,300+ health care organizations serving over 10 million adults, children, and families living with mental health and substance use challenges.

- Advocacy
- Education
- Technical Assistance

Session Norms



We have been socialized to believe that it is not polite to talk about oppression, race and racism (and other -isms) - hearing about & talking about these things may bring up feelings of discomfort.

We ask ourselves and participants to be mindful of assumptions, and biases during this presentation.

We ask ourselves and participants to be aware of multiple identities, backgrounds and perspectives in our virtual space.

Introductions



Alicia Kirley, MBA Senior Director, Integrated Health National Council for Mental Wellbeing



Sarah Neil, MPH Director, Integrated Health National Council for Mental Wellbeing



Paula Zaremba, MHS Project Manager, Integrated Health National Council for Mental Wellbeing



Victoria Pauline, MPH Project Coordinator, Integrated Health National Council for Mental Wellbeing

Introductions



Aaron Williams, MA, Integrated Care Consultant, Senior Advisor, National Council for Mental Wellbeing







Amelia Roeschlein, DSW, MA, LMFT Consultant, Trauma Informed Services, National Council for Mental Wellbeing Terence Fitzgerald, PhD, Ed.M., MSW Clinical Associate Professor, Department of Children Youth & Families, USC Suzanne Dworak-Peck School of Social Work, University of Southern California

Pierluigi Mancini, PhD, President, Multicultural Development Institute, Inc.

Curriculum

Month	Session Topic	
February	Importance of Integrated Care in Addressing Health Equity	
March	Integrated Care Models and Approaches to Address Health Equity	
April	Internal Practices and Policies to Decrease Bias, Racism & Trauma within Organizations	
May	How to Decrease Bias, Racism & Trauma in Clinical Services	
June	Providing Culturally and Linguistically Responsive Services	
July	Engaging Your Team to Prevent, Identify, and Support Moral Injury and Compassion Fatigue	

Moment to Arrive



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Didactic Presentation: Engaging Your Team to Prevent, Identify & Support Moral Injury and Compassion Fatigue

Amelia Roeschlein, DSW, MA, LMFT Consultant, Trauma Informed Services, National Council for Mental Wellbeing

> **Pierluigi Mancini, PhD** President, Multicultural Development Institute, Inc.



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Now What? How to Create Moral Safety in a Shifting World

"We have witnessed much tragedy over the past year. It has been historic, vast, overwhelming. Yes, we are resilient. But our souls are scarred."

Janine di Giovanni is a senior fellow at Yale's Jackson Institute for Global Affairs

Source: On Moral Injury [Report]

What is Trauma?

Definition (SAMHSA Experts 2012) includes

three key elements

Individual trauma results from an *event*, series of events, or set of circumstances that is *experienced* by an individual as overwhelming or life-changing and that has profound *effects* on the individual's psychological development or well-being, often involving a physiological, social, and/or spiritual impact.

The Wisdom of Trauma – Dr. Gabor Mate'

"Trauma is not what happens to you, it's what happens inside you as a result of what happened to you. Trauma is that scarring that makes you less flexible, more rigid, less feeling and more defended."

Wedonot Wesee see things them as the way we dre. they are.

What Happened to You & Your People?

- Expected to juggle children, families and work
- Increased expectations in all aspects of life
- Loss of downtime
- No separation between personal and work time
- Experiences of being dismissed as unimportant, less than
- Constant exposure to violence in the media
- Community in complex trauma increases your production of stress hormones (adrenaline and cortisol)

Signs, Symptoms & Consequences (1 of 2)

Symptoms of physical and emotional fatigue from prolonged work stress among both medical and behavioral healthcare professionals center around three common indicators:

- 1. Noticeable emotional and physical exhaustion.
- Compassion fatigue, depersonalization, emotional detachment, or a cynical attitude toward patient care.
- 3. Feeling useless or that your work is meaningless; a decreased sense of self and/or a reduced sense of accomplishment.



Signs, Symptoms & Consequences (2 of 2)

- Cynical attitude
- Critical of others
- Impatient with patients/clients
- Lacking energy to be productive
- Apathy
- Hard to concentrate
- Low job satisfaction
- Change in sleep habits
- Disillusionment
- Unexplained headaches

- Sudden stomach or bowel problems
- Feelings of intense sadness
- Increased use of alcohol or drugs
- High blood pressure
- Lower immunity, feeling sick a lot
- Change in appetite
- Isolating form others
- Skipping work or tardiness
- Lethargy
- Short fuse

Moral Injury



MORAL INJURY

Rita Nakashima Brock, Ph.D. Seniar Vice President and Director of the Shay Moral Injury Center Volunteers of America, 1660 Duke St., Alexandria, VA 22314 703-341-5000 • rbrock@voa.org voa.org



Source: Moral Injury & Meaning

Moral injury is not a psychological disorder, but a normal human response to extremity and the disruptive impact of violence, oppressive contexts, and moral failure. Authoritarian systems with a lot of coercive control are especially morally injurious.

What is Moral Injury?

In traumatic or unusually stressful circumstances, people may perpetrate, fail to prevent, or witness events that contradict deeply held moral beliefs and expectations. A moral injury can occur in response to acting or witnessing behaviors that go against an individual's values and moral beliefs

- Act of commission
- Act of omission
- May include feeling betrayal from leadership, others in positions of power or peers
- Includes distressing psychological, behavioral, social, and sometimes spiritual aftermath of exposure to such events

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Source: National Center for PTSD

TheNationalCouncil.org

Moral Injury

"It's not morally correct to sacrifice human health for an organization's activities"

Source: Moral, Legal & Financial Arguments for Health & Safety

Moral Safety

- Moral Safety reflects an environment that actively defines and redefines a moral universe of integrity, responsibility, honesty, tolerance, compassion, peace, nonviolence, justice, and an abiding concern for human rights. Being morally safe means having a system of values that are consistent, that guide behavior, and that are founded on a deep respect for each other and all living things.
- In a morally safe environment, there is **no "other,"** no enemy that is fair game for aggression and violence. No scape goat on which it is acceptable to project one's own denied feelings or the denied feeling of an entire group (Bloom and Reichert, 1998)

Source: The Sanctuary Model: Through the Lens of Moral Safety

Moral Safety

The never-ending quest for understanding how organizations function in the healing process

- An attempt to reduce the hypocrisy that is present, both explicitly and implicitly
- A morally safe environment struggles with the issues of honesty and integrity -Bloom, 2013



Organizational Considerations

Physical Safety	Psychological Safety	Cultural Safety	Moral Safety
The sense of not being at risk of physical harm	Feeling like you can take risks without fear of shame, reprisal	Addressing the frustration, anger, guilt from the current social unrest	 Addressing the hypocrisy that is present, both explicitly and implicitly

Sitting in Discomfort

We cannot create safe and secure environments without being socially just – what does this mean for you and your organization?



Safety & Respect

We need to create a mutually respectful interpersonal climate that fosters safety, trust, choice, collaboration, and empowerment

"Mistakes made here often."

Preventing & Responding to Stress

Organizational Level

- Reasonable workloads
- Efficiency for provider expertise
- Safe physical environments
- Empower & encourage over command & control

- Fair benefits packages
- Training on symptom recognition
- Ensure provider anonymity
- Utilize measures

Individual Level

- Work, play, health, relationships
- Ask for help. No, really.
- Recognize your own symptoms of stress, burnout, etc.
- Practice self-compassion. Give grace and space to yourself.
- Remember your preventative healthcare
- Changing relationship with time



Transforming Moral Distress into Moral Resilience

IHI President Emeritus and Senior Fellow Don Berwick, noted that it was important to remember that moral injury "has been a **chronic issue**, not just an acute one" during the COVID-19 pandemic. Therefore, the journey to moral repair and resilience is a long one, and health care organizations should **be prepared to support their caregivers through this process for years to come**."

Individual Level

- Build a daily mental practice
- Take Action
- Find a "buddy"

System Level

- Start with organizational values
- Build partnerships between administrators and clinicians

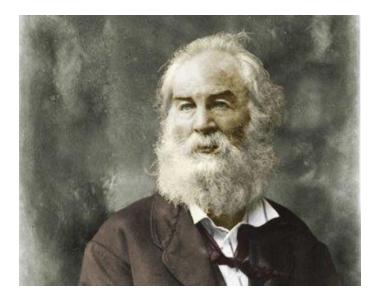
Sources: <u>Virtual Learning Hour Special Series: Transforming Moral Distress into Moral</u> <u>Resilience; Turning Moral Distress into Moral Resilience During the COVID-19 Pandemic</u>

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Compassion Fatigue

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"I do not ask the wounded person how he feels, I myself become the wounded person."

- Walt Whitman, Song of Myself

What is Empathy and Compassion?

- Necessary quality
- Intention to understand feelings and emotions
- Double edged sword
- Human feeling
- Burnout

What is Compassion Fatigue?

- "State of exhaustion and biological, psychological and social dysfunction, the result of prolonged exposure to compassion stress and all that it evokes" (Lynch & Lobo, 2012)
- "Compassion fatigue, like any other form of fatigue, reduces our ability or our interest in bearing the suffering of others" (Figley, 2002)
- Compassion fatigue or empathy burnout is a form of secondary traumatic stress, being Charles Figley who coined the term in 1995. It is currently an evolving concept within Psychotraumatology.



Social Services Workers



Psychologists

Who is at Risk?



Psychiatrists



Social Workers



Medical Personnel

Symptoms of Compassion Fatigue

Physical	Emotional	Work Related
- Headaches	 Mood swings 	 Frequent use of sick days
 Digestive problems: diarrhea, constipation, upset stomach 	 Excessive use of substances: nicotine, alcohol, illicit drugs 	 Avoidance or dread of working with certain people
- Muscle tension	- Depression, anxiety	 Reduced ability to feel empathy
- Sleep disturbances	- Irritability	 Lack of joyfulness
- Fatigue	- Oversensitivity	
 Cardiac symptoms: chest pain/pressure, palpitations, tachycardia 	 Memory issues, poor concentration, focus and judgment 	
	- Anger and resentment	

Development of Compassion Fatigue

When people affected by the syndrome have experienced extreme situations or have witnessed traumatic events as part of their work, they may also suffer the three symptomatic variables of secondary traumatic stress:



- Re-experiencing the traumatic event
- Avoidance of stimuli associated with trauma and mental or emotional dullness
- Hyperarousal



Secondary Traumatic Stress & Burnout

- Secondary traumatic stress is the stress derived from direct contact with the victim of a traumatic event and that generates a response of fear, hopelessness or intense horror.
- **Burnout Syndrome** is the cumulative response to chronic stress associated with work and which has long-term negative effects.

Somatic Counter Transfer

A very important method to reduce and manage compassion fatigue is to be aware of the *somatic countertransference* or the physiological signals that you feel, such as: dizziness, emptiness, hunger, feeling of fullness, claustrophobia, drowsiness, pain, restlessness







Vulnerability of Risk Groups

Risk groups will be more or less vulnerable to developing compassion fatigue based on these factors:

- Inadequate management of empathic capacity
- Vulnerability to stress
- Accumulated stress
- Low personal resilience
- Low satisfaction related to the work done
- Unresolved personal trauma event
- Insufficient support network





Treating Compassion Fatigue

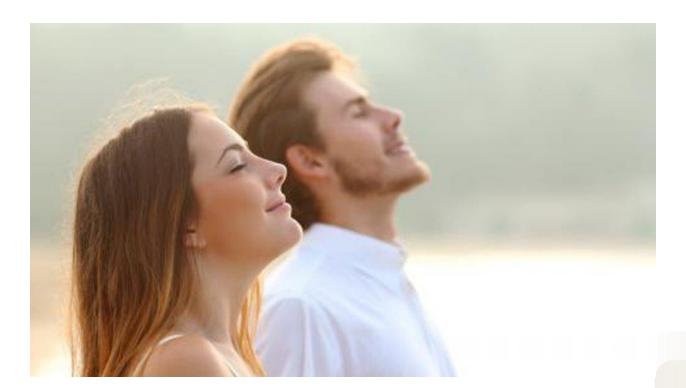
- Maintenance of capabilities and strengths
- Building blocks of resilience
- Learn about the population you work with
- To be alone
- Letting go of stress or anger



Additional Options to Treat Compassion Fatigue

- Stress management training
- Relaxation or meditation techniques.
- Carry out leisure activities completely disconnected from work.
- Knowing how to ask for support as soon as you notice unusual symptoms.
- Know the situations that trigger high levels of stress and lead to vulnerability.
- Do not overload yourself with work or with cases that you know you will not be able to handle effectively.

Deep Breathing Technique Exercise 4-7-8



Questions, Comments?



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Health Equity ECHO 2022 Series Reflection

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Health Equity ECHO - Series Summary



Importance of integrated care in addressing health equity



Integrated care models & approaches to address health equity



Internal practices & policies to decrease bias, racism and trauma within organizations



How to decrease bias, racism and trauma in clinical **services**



Providing culturally and linguistically responsive services

Engaging your team to prevent, identify and support moral injury and compassion fatigue

Series Feedback

What has been the most helpful thing you've learned throughout this ECHO?

Please unmute & share or type in chat box!

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Series Feedback

What is at least 1 thing we can improve if we do this ECHO again?

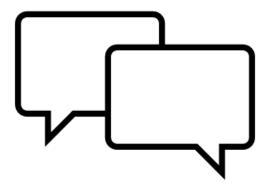
Please unmute & share or type in chat box!

Series Feedback

Has your organization been able to implement any of the information or strategies you've gathered throughout this series? If so, what has your organization been able to accomplish?

Please unmute & share or type in chat box!

Poll Question



Are you willing to be interviewed about your Health Equity ECHO experience as an individual and/or team/organization?

Goodbye for Now!

- Faculty Closing Thoughts
- Complete the <u>Post Series Survey</u> by Thursday, July 28th at 11:59pm E.T.



Resources

Project ECHO

Racial Equity Tools https://www.racialequitytools.org/

National Council Equity Climate Assessment

<u>https://www.thenationalcouncil.org/wp-</u> <u>content/uploads/2020/11/TI-ROC-Equity-Climate-</u> <u>Assessment_FINAL.pdf?daf=375ateTbd56</u>

<u>Furthering the Wellbeing of Black, Indigenous & People of Color</u> <u>through Integrated Care</u> (Blog Post)

> Health Equity and Racial Justice Webpage National Council for Mental Wellbeing



For more information on Webinars and Upcoming Events, Resources and Tools, and Training and Technical Assistance focused on Health Equity and Racial Justice



Access for Everyone: A Toolkit for Addressing Health Equity & Racial Justice within Integrated Care Settings



National Council Social Justice Leadership Academy (SJLA) Workbook

Upcoming CoE Events:

CHI Part 4: Payment Models for Comprehensive Health Integration Register for the webinar on July 27, 1-2pm ET

CoE-IHS Office Hour: Providing Integrated Care Services & Advancing Health Equity for Individuals with Intellectual Developmental Disabilities (IDD) <u>Register for the office hour</u> on August 16, 3-4pm ET

Interested in an individual consultation with the CoE experts on integrated care? <u>Contact us through this form here!</u>

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Questions?

Email VictoriaP@thenationalcouncil.org

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