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Mental Health Social Workers: The State of their Well-Being and Support

Laura Conway

St. Catherine University, conw5146@stthomas.edu

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Running head: SOCIAL WORKER WELL-BEING AND SUPPORT

Mental Health Social Workers: The State of their Well-Being and Support

by

Laura Conway, BSW

MSW Clinical Research Paper

Presented to the Faculty of the
School of Social Work
St. Catherine University and the University of St. Thomas
St. Paul, Minnesota
in Partial fulfillment of the Requirements for the Degree of
Master of Social Work

Committee Members
Laurel Bidwell, Ph.D., MSW, LICSW (Chair)
Amy Delgado, MSW, LICSW
James Vannelli, B.A.

The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

SOCIAL WORKER WELL-BEING AND SUPPORT

Abstract

The mental health social worker experiences unique challenges on a daily basis. A social worker's well-being affects not only the social worker at the individual level; but also directly affects agency and client outcomes, which in turn impacts the mental health system. Adequate support is crucial in maintaining social workers' positive well-being (Graham & Shier, 2014).

Current rates of burnout among mental health professionals range from 21-61% (Morse, Salyers, Rollins, Monroe- DeVita & Pfahler, 2012). This suggests that there are gaps in adequate support for mental health social workers. A blend of systems theory, the strengths perspective and an empowerment model was used as the foundation from which to explore the individual, agency and community impacts of social worker well-being and adequate support.

Semi-structured qualitative interviews were used to explore the following questions: 1. What is the impact of working within the mental health field on social worker well-being?, 2. What types of supports do mental health social workers find to be the most helpful? and 3. What gaps do mental health social workers feel exist in level and type of support that they receive in their work? Seven interviews were conducted. A grounded theory approach was used to analyze the data to identify major emerging themes.

The findings suggest society's dominant cultural values and attitudes stigmatize mental health care, which results in an inadequate mental health system. The stress associated with working within an ineffective system, as well as, lacking effective responses to self-care leads to both physical and mental impacts on personal well-being. Although mental health social workers have developed effective coping skills to positively maintain their well being, participants suggested the adoption of a systemic response to self-care and social change to influence mental health policy as primary ways of improving support for mental health social workers.

SOCIAL WORKER WELL-BEING AND SUPPORT

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SOCIAL WORKER WELL-BEING AND SUPPORT

Table of Contents

Section	Page
Introduction.....	6
Literature Review.....	9
Definition of Terms.....	10
The State of the Mental Health Care System.....	12
Social Work Practice.....	13
The Value of Effective Social Workers.....	16
Well-Being Related to Job Performance and Productivity.....	18
Specific Stressors.....	20
Effects of Stress and Burnout.....	21
Researcher Suggestions.....	23
Factors that Positively Impact Well-Being.....	23
Conceptual Framework.....	30
Methods.....	33
Research Design.....	33
Sample.....	33
Protection of Human Subjects.....	34
Data Collection Procedures and Instruments.....	37
Data Analysis.....	38
Results.....	38
Lack of Organizational Response to Mental Well-Being.....	39
An Inadequate Mental Health System.....	41

SOCIAL WORKER WELL-BEING AND SUPPORT

The Effects of Job-Related Stress Upon Personal Well-Being.....	44
Individual Coping Strategies.....	46
Existing Organizational Supports.....	48
Solutions for Supporting Worker Well-Being.....	50
Discussion.....	52
Cultural Values and Attitudes.....	56
Importance of Well-Being.....	59
Moving Forward.....	61
Strengths and Limitations.....	64
Implications for Social Work Practice.....	66
Implications for Policy.....	69
Implications for Future Research.....	70
References.....	72
Appendices.....	82
Appendix A: Qualitative Interview Questions.....	82

SOCIAL WORKER WELL-BEING AND SUPPORT

Introduction

The National Alliance on Mental Illness (2013) reports that there are approximately one in four American adults living with a mental illness. The Substance Abuse and Mental Health Services Administration (2008) reported that 13.4% of adults in the United States received some type of treatment for a mental health issue in 2008 (as cited in National Institute of Mental Health, n.d.). Social workers are one of the leading professions in the field of mental health care and treatment. In fact, clinically trained social workers make up 60% of mental health professionals nationally (National Association of Social Workers, 2015). Social workers provide mental health services in a number of different settings including hospitals, rehabilitation programs, schools, military services, disaster relief and community mental health organizations (National Association of Social Workers, 2015). Clearly, social workers have the ability to influence the success of mental health treatment and services at a systemic level (National Association of Social Workers, 2015).

Cohen (2003) expands on this idea by suggesting there will be a large increase in mental health services provided by social workers due to the growth of managed care programs in health insurance. This is due to managed care plans providing increased reimbursement to clinical social workers due to lower cost as compared to psychologists and psychiatrists (Cohen, 2003). The specific tasks and skills of social work, such as the use of case management, also more closely align with the goals of managed care programs than those of psychiatry/psychology (Cohen, 2003). Therefore, it is reasonable to expect mental health services to be provided by the social work profession at an increasing rate.

SOCIAL WORKER WELL-BEING AND SUPPORT

It is clear to see that social workers are responsible for providing a significant number of services across a wide variety of settings. However, research also shows that there are many factors associated with working in the mental health field that have been linked to high levels of stress and burnout (Huxley, et al., 2005). When job stress becomes unmanageable it often leads to burnout (Brunsting, Sreckovic, & Lane, 2014). Morse, Salyers, Rollins, Monroe- DeVita & Pfahler (2012) report that rates of burnout among professionals in the mental health field range from 21-61%. Some themes identified that contribute to high stress among social workers include lack of resources, pressure to work long hours, covering for open positions, high volume of work and not feeling appreciated by employer nor by general society (Huxley, et al., 2005).

High rates of stress and burnout threaten not only the well-being of the professional, but also the success of their work with clients (Kim & Stoner, 2008). According to Kim & Stoner (2008), a primary effect of burnout is employee turnover. Social workers who are dealing with burnout have higher absences from work and higher turnover rates (De Croon et al., 2004 as cited in Kim & Stoner, 2008). Social worker turnover negatively impacts “quality, consistency and stability of client services” (Mor Barak, Nissly, & Levin, 200 as cited in Kim & Stoner, 2008, p. 6). Furthermore, turnover can result in clients experiencing a lack of confidence regarding social services (Geurts, Schaufeli, & De Jonge, 1998 as cited in Kim & Stoner, 2008). Replacing the staff that does turnover is also a financial burden on the organization and a stressor on the staff that must fill in for open positions (Powell & York, 1992 as cited in Kim & Stoner, 2008). This analysis demonstrates the micro, mezzo and macro effects of job stress. Job stress clearly has a negative effect on the individual social worker’s well-being, the organization and the community as a whole.

SOCIAL WORKER WELL-BEING AND SUPPORT

The National Association of Social Workers (2015) begins the Social Work Code of Ethics with, “The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people” (p.1). However, according to Jackson (2014) when social workers are uncared for, their ability to care for their clients is greatly reduced; when social workers struggle, so do their clients. In order to put more safeguards into the mental health system as a whole, it is therefore important to tend to the mental well-being of social workers providing services (Kim & Stoner, 2008). A necessity following the discussion of stressors and demands on social workers is to devise and present potential solutions to increase social worker well-being. In order to do this, we must understand the current support systems in place and what can be improved upon. Ting, Jacobson & Sanders (2008) reported that in a study of 285 social workers, the majority of them stated that the support systems that were most commonly available to them were not considered effective in having a positive influence on their well-being. For example, the majority of social workers listed clinical supervision as a common available support system but also reported that it was largely ineffective (Ting, Jacobson & Sanders, 2008).

Based on previous research that shows the high levels of stress and burnout faced by social workers in the mental health field, the importance of social worker well-being and the lack of effective strategies to support social workers’ experiencing stress and burnout, this study aimed to explore and to hear directly from social workers regarding what they feel they need for support; to hear their voices which is somewhat lacking in current literature. The study aimed to highlight the importance of providing adequate support to mental health social workers with the goal of ensuring that social workers’ self-identified needs are central to strategies put into place to support their well-being. We must first identify how social workers can improve their well-

SOCIAL WORKER WELL-BEING AND SUPPORT

being and care for themselves by having access to adequate support before expecting them to carry a large portion of responsibility for America's mental health system.

In this study, semi-structured qualitative interviews were used to explore the following questions: 1. What is the impact of working within the mental health field on social worker well-being?, 2. What types of supports do mental health social workers find to be the most helpful and 3. What gaps do mental health social workers feel exist in level and type of support that they receive in their work? A qualitative design was necessary for this study as it strove to explore and examine the experiences of mental health social workers.

Literature Review

There is a multitude of literature, which discusses social worker well-being; specifically in regards to influential factors and outcomes. Common themes found throughout the reviewed literature will be presented. First, themes including the current state of America's mental health system, the diverse roles of social workers and the value of social work as a profession are provided in order provide context to the importance of a successful mental health system as facilitated by the profession of social work. This is followed by a discussion on the importance of well-being related to job performance. Exploring specific stressors will provide insight into the factors that impact well-being. A theme regarding potential solutions as identified by previous researchers is reviewed as an important aspect of the literature. Following the presentation of those themes which focus on the challenges of maintaining wellness, themes from the literature that discuss positive aspects of social worker well-being will be included. The factors that increase well-being are discussed in order to provide a well-rounded picture of social

SOCIAL WORKER WELL-BEING AND SUPPORT

worker well-being. Subsequently, gaps in the literature will be examined, along with the direction suggested for future research.

Definition of Terms

In order to provide a thorough and accurate understanding of this study it is necessary to provide definitions of important terms in order to know what is meant by such expressions. The terms needing definition for the purpose of this study are mental health social worker, well-being and burnout.

Mental health social worker. The National Association of Social Workers (2015) describes the work of mental health social workers as, “combining psychological, social and practical elements. They have special skills in assessing, treating, and preventing psychological, behavioral, emotional, social and environmental problems affecting individuals negatively” (para. 2). For the purpose of this study, the term mental health social worker refers to a licensed social worker that has 2 or more years of employment with the purpose of providing services to individuals who are receiving services due to her or his diagnosis of a mental illness. The services may be provided through a variety of contexts including but not limited to residential services, case management, and crisis services or within psychiatric/behavioral health units.

Well-being. In a report by Schulte et al. (2015) regarding integrating well-being into policy for work environments, they defined well-being as, “a synonym for health and a summative term to describe a flourishing worker who benefits from a safe, supportive workplace, engages in satisfying work, and enjoys a fulfilling work life” (p. e31). In a more broad definition, Diener (1984) and Lu et al. (2001) described well-being as, “an aggregative psychology parameter consisting of the three aspects of life satisfaction, positive effects, and

SOCIAL WORKER WELL-BEING AND SUPPORT

negative effects, which reflect overall quality of life and are, thus, integral and comprehensive” (as cited in Li, Lan & Ju, 2015, p. 1244). A very similar definition of well-being was provided by Proctor, Linley, & Maltby (2009) which states, “well-being is more broadly understood as the feeling of being happy, satisfied with one’s life, and having positive affect” (as cited in Barczyk, 2014, p. 172). Lastly, in a study regarding personality traits and well-being among employees, Deci & Ryan (2008), Diener (2000), and Diener et al. (2005) contributed to an operational definition of well-being to mean, “experiencing a high level of positive affect, a low level of negative affect and a high degree of satisfaction with one’s life” (as cited in Jibeen, 2014, p. 158). In review of these definitions and recognizing their commonalities, well-being is defined for the purposes of this study as, *a healthy state of mind in which an individual views her or his life with a perspective of positive emotions and satisfaction.*

Burnout. To fully understand the term well-being, it is important to also understand what someone might look like when her or his well-being is in jeopardy. When the above discussed stressors begin to overwhelm a social worker, it may lead to burnout. Studies completed by Brunsting, Sreckovic, & Lane (2014) and Kim & Stoner (2008) used three characteristics to define burnout. Burnout is defined as emotional exhaustion, depersonalization/cynicism, and lack of personal accomplishment (Maslach, 2003 as cited in Brunsting, Sreckovic, & Lane, 2014; Maslach & Jackson, 1986 as cited in Kim & Stoner, 2008). For the purpose of this study the same definition of burnout was used.

This relates to the discussion of social worker well-being by having a common operational definition of when typical job stress begins to truly affect an individual’s functioning. Defining burnout is crucial when we consider that the profession of social work is characterized by greater levels of burnout than other occupations (Graham, Shier, Newberry & Esina, 2014).

SOCIAL WORKER WELL-BEING AND SUPPORT

Understanding burnout allows the research on the well-being of mental health social workers to proceed with an acute awareness of the dangers of a lack of well-being. Specific effects of burnout and job stress are discussed below.

The State of the Mental Health Care System

In order to advocate for the need to support mental health social workers as a way to improve mental health services, we must understand the state of America's mental health system. The theme within the literature is that our current system is broken. The National Alliance on Mental Illness (2013) reports that there are approximately one in four adult Americans living with a mental illness; that is 25% of the adult population. The National Alliance on Mental Illness (2013) also reports that on average, America loses \$193.2 billion due to serious mental illness. This is a fact that Insel (2014) believes is outrageous due to the evidence that mental health care intervention can prevent some of this cost (as cited in Szabo, 2014). Unfortunately, this reflects the common theme of a lack of available and adequate care for individuals with mental illness. The National Alliance on Mental Illness (2013) reports that 60% of adults with mental illness went without necessary mental health services in the past year. Szabo (2014) suggests that a primary reason for this lack of care is the mass state reductions of hospital beds. Sederer (2015) builds on this discussion by stating that the mental health system in America is broken in large part due to a lack of funding and the inability to adequately identify mental health concerns in individuals followed by the provision of early enough interventions. Corrigan, Druss, & Perlick (2014) suggest that societal stigma is to blame for the lack of adequate funding for mental health programs. Societal stigma leads to devaluation of mental health care (Corrigan, Druss, & Perlick, 2014).

SOCIAL WORKER WELL-BEING AND SUPPORT

The rates of mental illness in America call for an adequate and effective mental health care system. The common belief that the current system is broken calls for major improvements. Improving the well-being of the professionals providing mental health services appears to be a strong tactic to facilitate these larger system improvements (Kim & Stoner, 2008; Boyer & Bond, 1992 as cited in Morse, Salyers, Rollins, Monroe-DeVita & Pfahler, 2012).

Social Work Practice

In order to understand the place of social work in the mental health field it is necessary to explore the expansive and diverse roles played by social workers. As mentioned above, social workers provide mental health services in a wide variety of settings including: hospitals, schools, military services, disaster relief, and community mental health organizations. A brief investigation into the role of and need for social workers in these arenas is provided throughout the literature.

Mental health social workers in hospitals. Mental health or behavioral health units within a hospital setting function to provide treatment for mental illness to individuals (National Association of Social Workers, 2011). Individuals can be admitted to hospital mental health units voluntarily or involuntarily if the person appears to be a danger to either themselves or another person (National Association of Social Workers, 2011). The services provided by social workers in this setting can include complete psychosocial assessments, family and patient education on diagnosis and treatment options, aiding in emotional adjustment to hospital admission, crisis intervention, completing referrals to outpatient services, discharge planning, advocating for patient rights, individual therapy, behavioral interventions, substance abuse treatment and group therapy (National Association of Social Workers, 2011). Often in hospital

SOCIAL WORKER WELL-BEING AND SUPPORT

settings, social workers also serve as a member of an interdisciplinary team in which they work alongside doctors, nurses and rehabilitation staff in order to provide coordinated care to the patient (National Association of Social Workers, 2011). A primary role as part of this team is to provide insight and education to other team disciplines regarding the social and emotional state and needs of the patient (National Association of Social Workers, 2011). The National Association of Social Workers (2011) identifies this work as being particularly stressful due to working with a high risk population.

Social workers in the school system. Social workers who work within school settings provide mental health services to students (School Social Work Association of America, 2010). Often times, students who are struggling with mental health concerns are first noticed to be struggling while at school (School Social Work Association of America, 2010). The role of the social worker is to then attend to the social and emotional needs of the child which are creating barriers to the child receiving a strong and successful education (School Social Work Association of America, 2010). In particular, social workers can provide one to one services to students, work with families, promote school wide programming, and provide education to all school staff regarding the social and emotional needs of the student body (School Social Work Association of America, 2010).

Social workers in military services. A primary responsibility of social workers in military services is to provide individual and family services to aid in the coping of the special challenges that military life presents (National Association of Social Workers, 2015). Women and men who serve in the military must cope with extended periods away from family, traumatic experiences, disability, transition to civilian life, among many other unique circumstances; social works are often at the forefront in helping these individuals to cope with these demands

SOCIAL WORKER WELL-BEING AND SUPPORT

(National Association of Social Workers, 2015). Crisis intervention and therapy are a primary role for military social workers due to the high rates of posttraumatic stress disorder and substance abuse in this population (National Association of Social Workers, 2015).

Social workers providing disaster relief. The National Association of Social Work (2015) reports that social workers are often one of the first mobilized professional groups to the scene of a large scale crisis. For example, following the terrorist attacks on September, 11th 2001, social workers reported to the scene to provide immediate mental health support and care to both community members and workers such as first responders (The National Association of Social Work, 2015). These services are key in the recovery of individuals overcoming trauma and disaster (National Association of Social Workers, 2015).

Social workers in community mental health organizations. The primary function of social workers in community mental health organizations is often to provide case management, complete bio-psychosocial assessments, assess for suicidal or homicidal ideation, implement treatment plans, individual and group therapy, advocacy for client needs and completion of referrals to other resources (National Association of Social Workers, 2011). The purpose of these services to individuals with mental illness is typically focused on promoting and facilitating their ability to live as independently as possible, management of symptoms, safety and mental health recovery (National Association of Social Workers, 2011).

After a review of the various settings in which social workers provide mental health services, it is vividly clear that the profession provides crucial, integral and expansive services necessary to the successful functioning of the mental health system as a whole. It is evident that there is a need for effective social workers in order to ensure the adequate service delivery of a

SOCIAL WORKER WELL-BEING AND SUPPORT

bulk of mental health services. In addition, it is unmistakable that the intensive services often provided by social workers such as crisis intervention and trauma support can carry a high level of responsibility.

In addition to outlining the multiple settings within the mental health field that social workers provide services, it is equally important to note that even within those specific settings, the work of social workers is varied. The National Alliance on Mental Illness (2015) explains this reality by speaking to the complexities of human differences, “Treatment choices for mental health conditions will vary from person to person. Even people with the same diagnosis will have different experiences, needs, goals and objectives for treatment. There is no “one size fits all” treatment” (para. 2). The challenge presented by this is that even within the mental health field, within a specific setting, social workers must attain a level of competency which encompasses a diverse set of skills and knowledge (National Association of Social Work, 2015). In other words, even within a specific field and setting, the social worker must be always prepared to respond to varying client situations dependent on a multitude of variables.

The Value of Effective Social Workers

It is important to review the literature which discusses the value of social work in order to provide the context of why we need social workers. Without establishing the worth of the profession, the motivation to support mental health social workers will likely be lacking.

Craig, Betancourt & Muskat (2015) conducted a qualitative study examining the value of social workers in health care. The findings included three major areas of unique contributions as seen by social workers such as taking a holistic approach, providing services to families (versus only individuals) and the facilitation of increased coping skills with patients (Craig, Betancourt

SOCIAL WORKER WELL-BEING AND SUPPORT

& Muskat, 2015). Following the production of these results, Craig, Betancourt & Muskat (2015) comment that increased promotion of social workers in health care is crucial.

A case study by Barber, Coulourides Kogan, Riffenburgh & Enguidanos (2015) studied the impact of social work services on a woman's discharge planning from the hospital. This study demonstrated that the involvement of the social worker in this process led to better physical and social outcomes for the woman who had been experiencing frequent re-admissions previously (Barber, Coulourides Kogan, Riffenburgh & Enguidanos, 2015).

In an article written by Faust (2007), she argues the value of social workers in relation to their ability to be excellent advocates and effect change. In particular she wrote, "The clinical social worker has expertise in both mental health and advocacy and is therefore the most qualified person to be a patient advocate in a community mental health center" (Faust, 2007, p. 299). The National Alliance on Mental Illness (2015) states, "Taking action and raising awareness of mental health conditions can break down obstacles and improve the chance of recovery for the millions of Americans with a mental illness" (para. 2). Combining this message which explains the dire need for better advocacy for mental health and Faust's argument that clinical social workers make the best advocates, the value of social workers in the mental health system is again made clear.

Similar to Faust's opinion that social workers have a unique skill set that increases their worth as a profession, Shankar, Martin, & McDonald (2009) also contribute to this view point. These authors wrote that the profession of social work has the ability to provide essential and distinctive services to aid in the recovery of individuals with mental illness (Shankar, Martin, & McDonald, 2009). They stated, "Unlike the other dominant professions of psychology and

SOCIAL WORKER WELL-BEING AND SUPPORT

education, which focus predominantly on the individual within a remedial, therapeutic and developmental perspective, the social work person-in-environment approach acknowledges that individuals exist within contexts” (Shankar, Martin, & McDonald, 2009, p. 29). They go on to state that this perspective of the social work profession coupled with its focus on social justice allows the profession to validly declare its usefulness in the mental health field (Shankar, Martin, & McDonald, 2009).

Finally, Mendenhall & Fraenholtz (2013) wrote that the profession of social work is outstandingly equipped to effect change in the mental health system due to its knowledge base and skill set related to the recognition and understanding of mental health and illness. Due to possessing this “mental health literacy”, social workers can lead the way in bettering the state of mental health in communities at the mezzo level (Mendenhall & Fraenholtz, 2013, p. 367).

After reviewing this literature, it is clear to see that the profession of social work can have a positive impact in the mental health care field. The literature presents the theme that social workers encompass a unique skill set which can serve as a successful tool in the treatment of mental health and improvement of the systems involved. The reviewed literature which is further discussed below will demonstrate that in order to promote the effectiveness of social workers and access the benefits provided by this profession, adequate support must be in place to facilitate and maintain their well-being.

Well-being Related to Job Performance and Productivity

In order to understand the context of this study which examines the importance of well-being, it is essential to understand the literature in terms of how well-being is related to job performance. Not only is well-being important to the personal health of the individual but

SOCIAL WORKER WELL-BEING AND SUPPORT

literature also suggests that well-being impacts one's ability to be effective in her or his professional position. The following studies provide supporting evidence to the importance of social worker well-being in order to be as effective as one can be.

Lin, Yu, & Yi (2014) conducted a quantitative study to understand the impact of positive affect, person-job fit and well-being on job performance. This study produced results which showed that well-being was influential in job performance (Lin, Yu, & Yi, 2014). The results showed that employees with a greater sense of well-being had an increased quality of work (Lin, Yu, & Yi, 2014).

Yliruka & Karvinen-Niinikoski (2013) examined productivity within the social work profession. Well-being and productivity were seen as intertwined and having a reciprocal relationship (Yliruka & Karvinen-Niinikoski, 2013). Yliruka & Karvinen-Niinikoski (2013) wrote, "Job-related well-being is seen as a central component of productivity" (p. 193). Ultimately, these authors concluded that reflective practice among social workers allows them to better cope with the challenges of the profession which in turn leads to increased productivity and effectiveness (Yliruka & Karvinen-Niinikoski, 2013).

Lastly, Wright & Cropanzano (2000) conducted a study to better understand the relationship between psychological well-being and job performance. Their sample included human service workers and juvenile probation officers (Wright & Cropanzano, 2000). Their results indicated that psychological well-being is connected to job performance ratings (Wright & Cropanzano, 2000). Wright & Cropanzano (2000) wrote, "These findings lend support to the basic proposition that "happy" workers often have higher performance" (p. 91). The authors

SOCIAL WORKER WELL-BEING AND SUPPORT

went on to suggest that, “happiness should be operationalized as psychological well-being”

(Wright & Cropanzano, 2000, p. 91).

In conclusion, this theme in the literature validates the importance of social worker well-being as influential in the service delivery of mental health care. It is advantageous to promote a positive sense of well-being among social workers in order to increase effectiveness and quality of work which in turn can create a more effectively functioning mental health system.

Specific Stressors

Understanding the well-being of a mental health social worker must include an awareness of factors that can impact well-being. Within the literature, the identification of specific stressors in the profession of social work was prevalent. Solutions to improve the well-being of social workers cannot be developed without consideration of the specific challenges and demands of their work.

Kim & Stoner (2008) identified that the primary factors leading to burnout in the social work population were an increase in paperwork, high caseloads, role stress, complicated clients, being short staffed and not having adequate supervision. Huxley et al. (2005) found that among the social workers they surveyed the common stressors were a lack of resources, pressure to work long hours, covering for open positions, high volume of work and not feeling appreciated by employer nor by general society. Lastly, Rueda, Linton, & Williams (2014) through their qualitative study of school social workers found that discrepancies between the profession of social work’s code of ethics and the ethics expected by employer were a major source of stress. This same study found that a lack of funding for social workers resulted in heavy caseloads and demands beyond the time social workers have available (Rueda, Linton, & Williams, 2014).

SOCIAL WORKER WELL-BEING AND SUPPORT

The strength within this aspect of the literature is that it provides a detailed and thorough description of the stressors placed on social workers. The fact that many of the specific stressors were similar such as heavy caseloads, lack of enough staff and feeling overworked suggests that there are parallels between many social workers' feelings of what can lead to burnout. This provides hope that large shared experiences can also lead to the development of supportive interventions that have the potential to reach a large number of social workers.

Effects of Stress and Burnout

A very important theme throughout the literature was the discovered effects of stress and burnout at the individual level, as well as, the organization and systemic levels. The importance of having a clear understanding of these effects is to aid in the accurate establishment of the issue to facilitate relevant research. The following studies provide specific evidence of these effects.

A number of studies have been completed to examine the effects of stress and burnout on the individual. Puig et al. (2012) completed a study of 129 mental health professionals. The results showed a direct influence on personal health from job stress (Puig et al., 2012). Exhaustion from work resulted in a less healthy lifestyle and feeling dissatisfied at work was correlated with not having a satisfying personal life (Puig et al., 2012). Burnout has been associated with diminished emotional and physical health (Stalker & Harvey, 2002 as cited in Morse, Salyers, Rollins, Monroe-DeVita & Pfahler, 2012). The physical and emotional health consequences can include higher rates of depression, anxiety, memory damage, ongoing physical pain and amplified use of alcohol (Peterson et al., 2008 as cited in Morse, Salyers, Rollins, Monroe-DeVita & Pfahler, 2012). Unfortunately, one of the primary reasons that social workers do not seek nor practice self-care when experiencing these health consequences is due to the fear

SOCIAL WORKER WELL-BEING AND SUPPORT

that others will view them as weak (Jackson, 2014). These individual ramifications have the power to relay impacts to agencies and communities.

Huxley et al. (2005) found that the identified stressors, such as lack of resources and covering for open positions, led the social workers to have a strong desire to leave their current job. The previously mentioned study by Kim & Stoner (2008) also showed a correlation between burnout and turnover and the fact that this leads to decreased effectiveness in mental health service delivery. For example, Holmqvist & Jeanneau (2006) found that burnout among mental health workers was correlated with an increase in negative feelings towards clients (as cited in Morse, Salyers, Rollins, Monroe-DeVita & Pfahler, 2012). Furthermore, negative feelings towards clients have been connected to worse outcomes for clients with mental illness (Gowdy, Carlson, & Rapp, 2003 as cited in Morse, Salyers, Rollins, Monroe-DeVita & Pfahler, 2012). Additional mezzo effects of turnover (resulting from burnout) include the hindrance of continuity of care to individuals with mental illness (Boyer & Bond, 1992 as cited in Morse, Salyers, Rollins, Monroe-DeVita & Pfahler, 2012). Along similar lines, Carney, Donovan, Yurdin, & Starr (1993) discovered that burnout reduces the quality of care (as cited in Morse, Salyers, Rollins, Monroe-DeVita & Pfahler, 2012). Burnout has also been found to injure staff morale (Stalker & Harvey, 2002 as cited in Morse, Salyers, Rollins, Monroe-DeVita & Pfahler, 2012).

Although these findings are unsettling, it is necessary to understand the consequences associated with a lack of well-being among social workers. This aids in the strong identification of the issue being researched. The literature supports the idea of interconnectedness between the individual social workers' well-being and the success of the mental health system as a whole. It

SOCIAL WORKER WELL-BEING AND SUPPORT

becomes clear that there is a gap in the level of support and attainment of well-being among social workers.

Researcher Suggestions

The majority of literature reviewed also included suggestions from the researchers for solutions to the problems identified in their studies. For example, after a quantitative study of differences in stressors between child and adult social workers, Hamama (2012) suggested that support from the social workers' agencies and agency leaders was very important in preventing burnout. Tafvelin, Hyvönen, & Westerberg (2014) also suggested that leadership and supervisors can have a positive effect on the professional well-being of their social work staff. The studies by Rueda, Linton, & Williams (2014) and Puig et al. (2012) suggest the importance of a supportive environment; the former study emphasizes support coming from the greater community and the latter study advocates for support groups among co-workers. Along the lines of suggestions for support systems, it is important to note a relevant finding from Coffey, Samuel, Collins, & Morris (2014) which found, following their quantitative study, that social workers may define effective support differently depending on differing cultural values.

Factors that Positively Influence Well-Being

The literature discussed thus far has focused largely on the specific demands, challenges and negative consequences that can often accompany a career in social work. Studies with this focus are abundant. However, Graham & Shier (2010) challenge this focus by stating that an overwhelming focus on the damaging effects of the social work profession is only half of the equation. Graham & Shier (2010) go on to state that it is inadequate to discuss the impact of social work on the professional's well-being without also considering the factors that contribute

SOCIAL WORKER WELL-BEING AND SUPPORT

positively to their well-being. This makes use of the strengths perspective by demonstrating the importance of not only focusing on deficits and what is going wrong, but also to consider the vast capabilities of social workers to maintain their well-being.

Pösö & Porsman (2013) build on this conversation by stating that social work is a profession often characterized by stressors and rewards; these rewards deserve more focus and should be used as a source of motivation. The qualitative study conducted by Pösö & Porsman (2013) reported that social workers who had worked in the field for many years actually reported that the relationship they had with their clients was a primary reward of and motivator for their work. This is an important consideration when much of the literature focuses on complex clients as being a major stressor within the field of social work (Kim & Stoner, 2008).

This serves as an excellent reminder to consider not just the stressors and challenges of social work but also the positive impacts; to consider not just what is going wrong but also what is going well for social workers. In order to accurately understand the well-being of mental health social workers we must not only look at what damages well-being, but also look at what promotes it.

Despite the challenges that often accompany a career in social work, many social workers have found healthy ways of supporting and caring for themselves. A number of studies have explored practices, methods and skills that assist in sustaining a positive sense of well-being among social workers.

Mindfulness. Shier & Graham (2011) completed a qualitative study of mindfulness practices among social workers who reported the highest levels of well-being. Mindfulness is defined as “the practice of maintaining attention and awareness within any given moment and

SOCIAL WORKER WELL-BEING AND SUPPORT

closely observing personal subjective experiences” (Kabat-Zinn, 1990; Brown & Ryan, 2003; Rosch, 2007 as cited in Graham, & Shier, 2011, p. 30). The study found that a use of mindfulness practices positively influenced the social worker’s well-being (Shier & Graham, 2011). Mindfulness in particular regarding self-identify and work/life balance were especially influential (Shier & Graham, 2011).

Baldini, Parker, Nelson, & Siegel (2014) reported that in order for a clinician to promote healing within their clients, they must first work on their own healing. Research has suggested that mindfulness practices can be an excellent intervention to begin this healing or self-care process (Irving et al., 2009; Shanafelt et al., 2012; Shapiro et al., 2005, as cited in Baldini, Parker, Nelson, & Siegel, 2014). Specifically, practicing mindfulness has been shown to decrease symptoms of burnout and increase mental well-being (Irving et al., 2009; Shanafelt et al., 2012; Shapiro et al., 2005, as cited in Baldini, Parker, Nelson, & Siegel, 2014). In reference to mindfulness practices increasing mental well-being, specific effects include reduced negative emotions, reduced anxiety and stress, along with an increase in immune activity and satisfaction with overall life (Shapiro et al., 2005, 2007; Irving et al., 2009, as cited in Baldini, Parker, Nelson, & Siegel, 2014).

Spirituality. Whereas mindfulness is a focus on the present moment, Graham & Shier (2011) found that a spiritual focus on the past also contributes to maintaining social worker well-being. This qualitative study revealed that social workers who have a spiritual foundation in which they can create meaning from past experiences, especially negative work related ones, are more likely to have a positive sense of well-being (Graham & Shier, 2011).

SOCIAL WORKER WELL-BEING AND SUPPORT

In addition, Collins (2005), and Trippany, Kress & Wilcoxon (2004) suggest that social workers can reconnect to the importance and meaning of their work through spirituality practices; this can be necessary in a profession which can often provoke a loss of attachment to one's work due to secondary trauma and stress (as cited in Dombo & Gray, 2013). Dombo & Gray (2013) suggest that such spirituality practices can include reading spiritual material, going to religious services, participating in prayer or meditation, or "anything that helps the social worker to find meaning beyond self, meaning in relationships, and meaning in clinical practice" (p. 95). Specific examples of such practices includes spiritual cleansing rituals such as burning sage before leaving work which is meant to support the transition from leaving work to going home (Dombo & Gray, 2013). Even more simply, practicing spirituality to foster well-being can include the intentional use of rest such as using allotted vacation time or stretching between client appointments (Dombo & Gray, 2013). The use of these practices is to support a self-care routine that fosters commitment and meaning to a clinician's work rather than her or his wellness being harmed by symptoms of burnout (Dombo & Gray, 2013).

Coping skills. In addition to mindfulness and spirituality practices, a number of other studies have discovered factors that positively influence a social worker's well-being. A qualitative study conducted by Kalliath & Kalliath (2014) studied the coping skills of social workers who were struggling with the demands of work and family life. Coping skills that were reported as being effective in managing this struggle were maintaining a healthy perspective regarding what is in their control versus what is not (Kalliath & Kalliath, 2014). The study also found that the social workers who took the time to further develop and take part in personal hobbies were better able to cope with the demands (Kalliath & Kalliath, 2014). These findings speak to the strengths of the social workers in their ability to utilize positive coping skills.

SOCIAL WORKER WELL-BEING AND SUPPORT

Arrington (2008) reported that results from a study of stress and coping among social workers indicated that social workers employ a number of coping strategies to deal with the demands of their profession. Among these strategies, exercise was the most frequently reported (Arrington, 2008). Meditation and therapy followed exercise (Arrington, 2008). These are rather hopeful results as the most commonly used coping skills were reported as being effective and are also very healthy ways of managing stress.

Time away. In a mixed methods study on the impact of taking a month-long leave on individuals in helping professions, Kang, Kim & Lee (2011) reported the positive results of doing so. The study demonstrated that this break can strongly facilitate a period of recovery for workers who typically experience a lot of stress in their positions (Kang, Kim & Lee, 2011). Taking a month long leave to promote this recovery allowed the worker (including social workers) to return to work with the ability to be more effective (Kang, Kim & Lee, 2011).

The reviewed literature suggests that in the midst of an often demanding and stressful profession, social workers are absolutely capable of achieving and maintaining a strong sense of well-being. It is this perspective that must be built upon when furthering research into the importance of promoting well-being for the mental health social worker.

Limitations of the Reviewed Literature

As reviewed above, there is a large amount of excellent literature available regarding stressors on the mental health social worker and how support can be improved. The voice of these social workers is well represented when discussing specific stressors. However, when discussing potential solutions, many researchers made interpretations based off the information they gathered from the participants' feelings on specific stressors. These are valuable

SOCIAL WORKER WELL-BEING AND SUPPORT

contributions. Further research, however, could benefit from hearing directly from the social workers regarding what support they feel is most effective and where they believe support can be improved. The depth of information gathered is limited without hearing the perspective of the social workers. The mental health social worker is the expert on her or his profession and hearing from them what further support is needed may provide very relevant suggestions.

A largely common limitation within the literature was the sample sizes. Numerous researchers reported that they felt their sample size posed an issue to the generalizability of their studies. Both Rueda, Linton, & Williams (2014) and Puig et al. (2012) reported that their sample sizes were too small to be able to generalize their findings; the former study had a sample size of 13 social workers for their qualitative study; the latter study had a sample size of 129 social workers for their quantitative study. Hamama (2012) also reported that the sample used was likely non-representative due to using the snowball sampling procedure which likely led to the sample consisting of like-minded social workers rather than a diverse sampling.

Current Study

The reviewed literature presents a fairly detailed picture of the specific stressors in the mental health social work field and the effects at the individual, organizational and mental health system levels. The literature also provides fairly detailed information regarding how social workers currently cope with the demands of their job. However, the voice of these social workers appears to be lacking in the literature when discussing potential solutions and improvements for the demands of this profession. More specifically, there is a modest amount of literature which discusses support and coping skills within the social work profession in general or even following very specific events in mental health such as suicidal acts among clients

SOCIAL WORKER WELL-BEING AND SUPPORT

(Kalliath & Kalliath, 2014; Ting, Jacobson, & Sanders, 2008). However, as the literature suggests, the field of mental health social work is expansive, diverse and unique which requires a broad set of skills and knowledge from the mental health social worker. For this reason, an exploration into the specific factors that positively impact well-being and adequately support social workers in the field of mental health is relevant and necessary.

The literature review provides evidence of the significance of this issue to not only the profession of social work, but to our society as a functioning whole. The social work profession carries a unique skill set that provides them with the opportunity to be especially influential in mental health service delivery. However, it is evident that the profession of social work presents as a challenging profession in which stress greatly impacts the well-being of the workers. When well-being decreases, so does job performance and effectiveness (Lin, Yu, & Yi, 2014). In order to promote an effective mental health system it appears to be crucial to support the well-being of the social workers who are largely responsible for service delivery.

Therefore, in this study, semi-structured qualitative interviews were used to explore the following questions: 1. What is the impact of working within the mental health field on social worker well-being?, 2. What types of supports do mental health social workers find to be the most helpful and 3. What gaps do mental health social workers feel exist in level and type of support that they receive in their work? The hope was that this in turn would provide strategies to better support our social workers who could be an excellent vehicle for change to better the entire mental health system.

SOCIAL WORKER WELL-BEING AND SUPPORT

Conceptual Framework

Systems Theory

This is an important area of research if we consider this issue from a systems theory perspective. Sheafor & Horejsi (2008) define a system as, “An aggregation of interrelated and interconnected elements and activities that form an identifiable, organized, and functioning whole” (p. 87). A core belief of systems theory is that every part of a system affects and is affected by every other part of the system (Azusa Pacific University, n.d.). Systems theory also suggests that the interactions between each different part can create system changes (Hutchinson & Charlesworth, n.d.). Systems theory allows for an understanding of issues as complexities between numbers of different variables (Greene, 2010).

Drawing from systems theory, this study viewed the mental health system as one whole system encompassing a number of different parts. There are many subsystems, or parts to the mental health system, including both the individuals who receive services and the professionals who provide them. Therefore, this study viewed clients and professionals of the mental health system as interrelated parts that are affected by one another. Systems theory was used as an opportunity to view social workers as a vehicle for change for the entire mental health system. To build on the idea of change, Sheafor & Horejsi (2008) state that the systems theory supports the idea that there are, “several points at which an intervention can be applied in order to facilitate change” (p. 87). In other words, because all parts of a system are connected, intervention at one point in the system can have an effect on the whole system. In this study, the point of intervention was the improvement of social workers’ well-being to facilitate change in the whole mental health system.

SOCIAL WORKER WELL-BEING AND SUPPORT

In conclusion, the systems theory provided this study with the perspective that social workers and individuals receiving mental health services are interrelated parts of the whole mental health system. Intervention in the form of improving the well-being of mental health social workers was seen as a tool to improve mental health service delivery.

Strengths Perspective

In conducting this study, it was seen as crucial to also use the strengths perspective. Kim (2013) states regarding the strengths perspective, “instead of focusing on clients' problems and deficits, the strengths perspective centers on clients' abilities, talents, and resources” (para.1). Reamer (2008) makes the point that, “the strengths perspective views challenges as needs to be addressed, not as deficits, pathologies, or character flaws” (para. 3). Saleebey (2006) states that empowerment is a key to the strengths perspective; empowering individuals to use their personal resources to help them. These ideas, although frequently thought of in the context of a social worker’s application to client situations, can also be applied to understanding the experiences of social workers.

This study was conducted from the perspective that although much literature exists to say that the impact of working in the mental health field on the social worker is quite negative, there are also many strengths to identify among the social worker. The point of this study was to focus on the talents, abilities and needs of the social worker; not deficits or flaws. Sheafor & Horejsi (2008) wrote that a use of the strengths perspective considers the individual to be the expert on her or his situation; “this perspective takes seriously the client’s suggestions or ideas on how best to proceed” (p. 92). Therefore, this study respected the mental health social worker for being the expert on her or his experience as a mental health social worker and took seriously the input and

SOCIAL WORKER WELL-BEING AND SUPPORT

feedback received by the telling of their experiences. The goal of this study was to identify and focus on the resources and strengths of mental health social workers to empower them to support and maintain their well-being.

Empowerment Model

Incorporating an empowerment model into this study built upon the use of the strengths perspective. Supporting an individual to empower her or himself can be facilitated by drawing on their strengths and resources (Cowger, 1994). Rappaport (1987) defined the facilitation of empowerment as, “to enhance the possibilities for people to control their own lives” (as cited in Lord & Hutchison, 1993, p. 3). Furthermore, it is believed that people are better equipped to take control of their lives when they can increase their knowledge about themselves and their situation (McClelland, 1975 as cited in Lord & Hutchison, 1993). In further support of using an empowerment model in this study, it is beneficial to note that research has shown that an individual’s sense of empowerment can influence workplace turnover and job satisfaction; the more empowered an individual feels, the more satisfied they are with their work and are less likely to leave their position (Aryee & Chen, 2006; Carless, 2004; Koberg et al., 1999; Liden, Wayne, & Sparrow, 2000; Seibert, Silver, & Randolph, 2004; Seibert et al., 2011; Sparrowe, 1994; Spreitzer, Kizilos, & Nason, 1997; Wang & Lee, 2009, as cited in Prati & Zani, 2013). Therefore, this study strove to facilitate an increase in understanding of the experience of mental health social workers with the purpose of supporting their process of empowerment; the more knowledge one has of their experience, the more control they have over their well-being.

SOCIAL WORKER WELL-BEING AND SUPPORT

Methods

Research Design

In this study, semi-structured qualitative interviews were used to explore the following questions: 1. What is the impact of working within the mental health field on social worker well-being?, 2. What types of supports do mental health social workers find to be the most helpful and 3. What gaps do mental health social workers feel exist in level and type of support that they receive in their work? The study aimed to highlight the importance of providing adequate support to mental health social workers with the goal of ensuring that social workers' self-identified needs are central to strategies put into place to support their well-being. This study used a qualitative design and possessed a descriptive nature. A qualitative design was necessary for this study as it strove to explore and examine the experiences of mental health social workers.

Sample

The sample for this study consisted of seven participants. Five of the participants were female and two were male. All participants were licensed social workers who had 2 or more years of employment with the purpose of providing services to individuals who were receiving services due to her or his diagnosis of a mental illness. There were no limitations as to the classification or category of the social worker's license as long as she or he was actively licensed. Due to the wide variety of settings for mental health social workers, there were no limits on their positions within the mental health field. The requirement was that their employment within the mental health field has served the purpose of providing services to

SOCIAL WORKER WELL-BEING AND SUPPORT

individuals who received or were receiving services due to her or his diagnosis of a mental illness.

This study used a convenience and snowball sampling procedure in order to recruit eligible participants. Convenience sampling is a method defined as, “samples composed of those elements that are readily available or convenient to the researcher” (Monette, Sullivan, Dejong, & Hilton, 2014, p. 494). Using this method the researcher contacted mental health service agencies and organizations within a Midwest City. The researcher made contact via email in order to provide adequate information regarding the study and recruitment of potential participants. The email was sent to an agency head, general contact address or appropriate administrative personnel; rather than contacting potential participants individually. The email explained the study and provided the researcher’s contact information so that interested individuals could choose to reach out to the researcher. In order to further facilitate recruitment, the use of the snowball sampling method was used. When using a snowball sampling technique, “We start with a few cases of the type we want to study, and we let them lead us to more cases, which in turn lead us to still more cases, and so on” (Monette, Sullivan, Dejong, & Hilton, 2014, p. 147). Therefore, the researcher asked participants to lead the researcher to other potentially eligible participants. The researcher ensured that the current participant had the researcher’s contact information so that other interested individuals were in control of contacting the researcher to learn more about the study.

Protection of Human Subjects

The protection of human subjects was ensured through a number of measures. First, approval by the St. Catherine University Institutional Review Board was secured prior to the

SOCIAL WORKER WELL-BEING AND SUPPORT

interviews taking place. This provided statement that the interview and study were ethical and took into consideration the best interest of the participants.

Second, the researcher completed a Collaborative Institution Training Initiative (CITI). This program provided specific training on the protection of human subjects. Completion of this training certified that the researcher had suitable knowledge in the protection of human subjects before carrying out the study.

An informed consent form was developed and was used with all participants. The form was presented to all participants prior to beginning the interview, with the researcher present. This ensured access to the researcher if the subject had any questions while reading the informed consent form. Once the participant stated that she or he was finished reading the informed consent form, the researcher provided the opportunity to ask any questions and clarify details. The researcher also took time to emphasize the voluntary nature of the study. The researcher assured participants that all questions were voluntary and the interview could stop at any time per their request. The researcher asked the participant to state in her or his own words what the purpose of the study was and what the participant was being asked to do. Once the researcher was confident that the participants understood the study and the tasks they were being asked to do, the researcher confirmed that all participants wanted to proceed to the interview. Only after the participant signed the consent form did the interview begin. This process ensured that the participants had full understanding of the process before agreeing to be a part of it. Emphasizing the voluntary nature was a way to help participants feel at ease and in control of the situation. The participants were also provided with a copy of the informed consent form which included contact information for the researcher, the researcher's supervising professor and the St.

SOCIAL WORKER WELL-BEING AND SUPPORT

Catherine University Institutional Review Board in case participants had any further questions or concerns following the interview.

A third manner in which protection was offered was through confidentiality. The research records were kept in a locked file in the researcher's personal/private work space. The electronic transcript was in a password protected file. No identifying information was included in the research records or transcript to maintain confidentiality. The researcher transcribed all interviews. The audiotape of the interview was transferred to a private password protected computer following the interview. The process of transcribing and deleting the recorded interviews from the iPhone occurred within 24 hours. The research records, electronic copy of the audiotape and transcript were destroyed upon completion of the study.

All participants were given the opportunity to choose where and when the interview would take place. This ensured their comfort during the process. Due to the interview questions aiming to better understand how the participants' work impacts them, there was minimal risk that the questions asked might raise unexpected emotions or cause some discomfort (see Appendix A for a complete list of the specific interview questions). However, if it did, the researcher reminded the participants (it was also stated in the consent form) that they do not have to answer any questions they are not comfortable answering. All participants could also choose to terminate the interview at any time. The participants were assured that there were no repercussions for terminating the interview or not answering certain questions. The researcher could also choose to stop or take a break from the interview if it was believed to be in the best interest of the participant. If the participant did experience unexpected emotions or discomfort during the interview, the researcher provided the participant with a list of psychological/counseling resources.

SOCIAL WORKER WELL-BEING AND SUPPORT

Data Collection Procedures and Instruments

This study used a semi-structured qualitative interview design. The interviews took place face-to-face with participants and lasted about 1 hour. The interview consisted of up to 13 questions (see Appendix A). It began with asking basic demographic information to provide context. This was followed by up to 12 open-ended questions to allow an opportunity for participants to talk freely regarding their experiences and ideas. The location of the interview was based on preference of the participants. The location was selected also based on the capability for confidentiality such as private offices or meeting spaces such as a conference room. If the researcher and participant met in a public place such as a coffee shop, the researcher maintained confidentiality by ensuring that the conversation was occurring in a private manner. For example, if other individuals came near enough to the researcher and participant in which the conversation was no longer private, the researcher stopped the interview until it could be privately resumed.

The development of the questions was informed by the literature reviewed as outlined above. The questions centered around the participants experience working within the mental health field and the impact that such work has on well-being. Furthermore, the questions were designed with the purpose of exploring the participants' thoughts regarding how they define effective support and areas of improvement in supporting mental health social workers (see Appendix B for a complete list of the specific interview questions).

Once a participant had been identified as eligible and was interested in participating in the study, the researcher met the participant as outlined above. The informed consent form was presented and completed per the procedure outlined above. Following completion of the informed consent form and approval from the participant to audiotape and take brief notes, the

SOCIAL WORKER WELL-BEING AND SUPPORT

interview began. Once the interview was completed, the audiotape was turned off and the researcher allowed time for the participant to ask any questions. Once the participant indicated that she was comfortable to do so, the session was ended.

Following the interview process, the interview was transcribed verbatim by the researcher and all identifying information was removed. The transcription then allowed the researcher to begin the process of data analysis which is further explained below.

Data Analysis

A grounded theory approach was used for data analysis (Böhm, 2004). Data analysis began with the open coding process which led to axial coding and finished with selective coding. This was a fitting process because it allowed the researcher to identify common themes in the participants' experiences and to connect the themes in order to provide an exploration into the research question for the study. Initially, subthemes were identified through open coding. The purpose of open coding was to identify key concepts that would be the "building blocks" for further data analysis (Böhm, 2004, p. 271). These initial codes were then reviewed and combined or disregarded to create themes that accurately reflected the data. Upon completion of identifying the emerging themes, the themes were connected in relation to one another to produce the findings. This process is referred to as selective coding and it is done with the intent of identifying the main idea embedded in the data (Böhm, 2004).

Results

The purpose of this research study was to explore the questions: 1. What is the impact of working within the mental health field on social worker well-being?, 2. What types of supports do mental health social workers find to be the most helpful and 3. What gaps do mental health social

SOCIAL WORKER WELL-BEING AND SUPPORT

workers feel exist in level and type of support that they receive in their work? Through qualitative data analysis six major themes emerged in relation to the research questions: 1) Lack of organizational response to mental well-being; 2) An inadequate mental health system; 3) The effects of job-related stress upon personal well-being; 4) Individual coping strategies; 5) Existing organizational supports; and 6) Solutions for supporting worker well-being. Participants provided a detailed description of the gaps in support that exist within the mental health field. The first two themes represent the identified gaps first, from an organizational level and second, from a societal level. Next, participants identified how these gaps create stress which impacts their well-being both on a physical and emotional level. Following the identification of the impact of working in the mental health field on their well-being, participants described both individual and organizational supports that are most effective in supporting a positive sense of well-being. Lastly, participants discussed in great detail their ideas for potential solutions to fill the gaps in support which could positively impact themselves as social workers and the state of the greater mental health system. The presented solutions were described both from an organizational standpoint and from a societal perspective. These themes will be further discussed below including a description of the supporting subthemes.

1. Lack of Organizational Response to Mental Well-Being

Participants were asked if they felt there were any gaps in the support they receive as mental health social workers. While describing the perceived gaps, four out of the seven participants felt their organizations lacked an appropriate response to supporting social worker well-being. Six out of seven participants voiced their belief that an organization's approach and response to self-care is influential in maintaining a high sense of individual well-being. Two

SOCIAL WORKER WELL-BEING AND SUPPORT

subthemes supported this theme of a lack of organizational response: lack of conversation and promotion individual responsibility.

1a. Lack of conversation. Participants talked about a lack of organizational conversation regarding the importance of self-care in order to maintain well-being. Participants voiced their concern that a discussion of self-care is largely absent within their work environments. One participant explained this issue with the following statement.

Organizations don't talk about self-care enough. When social workers are struggling, many of them are afraid that people will think less of them or think that it's going to affect their job performance. But that's why we need to be talking about it more. So that people don't feel ashamed and they can get the support they need.

When an organization does not promote self-care or an environment in which it can be openly discussed, social workers that may be struggling often feel, as multiple participants put it, "shameful" in seeking support. In fact, four out of the seven participants used the word "shaming" to describe the impact of an organization that does not openly talk about the importance of self-care. These participants likened this lack of conversation and the consequence of shame to the lack of conversation and ensuing stigma regarding mental health that exists in our larger society. One participant described her experience by stating, "When I worked for an agency that did not talk about self-care, it was a much more stressful environment. I did not do well".

1b. Promotion of individual responsibility. As stated above, six out of seven participants agreed that an organizational or systemic response to promoting self-care positively impacts social workers' well-being. However, four out of those six participants reported

SOCIAL WORKER WELL-BEING AND SUPPORT

experiences with organizations that promoted self-care as being an individual's issue. One participant explained this by stating the following.

We need to be thinking about how our agencies can offer us a way to process our work and provide a decompressing venue to talk about the things that are affecting us. We don't really have that right now. That's an agency, a systemic issue.

This was voiced as being "ineffective". When discussing the promotion of an individual response to self-care, one participant stated, "That's just not seeing self-care from the proper framework". One participant explained that when an organization approaches self-care as an individual's issue, it feels very "isolating". Three participants explained that promoting self-care as an individual's issue also limits social workers' access to appropriate support that could be provided or promoted by the organization.

Four out of seven participants talked about the importance of adequately supporting social workers in order to create a better mental health system. One participant explained this thought by stating the following.

When social workers aren't supported, it can have a trickle down effect to clients. If social workers are struggling, they can have a harder time supporting and meeting the needs of their clients. So clients end up in deeper need. This places larger demand on the entire system. We need adequate support for social workers if we want a successful system.

2. An Inadequate Mental Health System

Seven out of seven participants referenced the state of the greater mental health system as having a tremendous impact on their work. More specifically, inadequacies in the mental health

SOCIAL WORKER WELL-BEING AND SUPPORT

system were reported by participants as having a direct impact on their ability to best serve their clients. This was felt by participants as being a primary stressor of being a mental health social worker and was perceived as a societal gap in support for mental health social work. The various ways in which participants referenced the inadequacies of the mental health system, which are the supportive subthemes, include: mental health stigma, lack of funding and client resources, and irrelevant mental health policy.

2a. Mental health stigma. Six out of seven participants referenced the prevalence of stigma towards individuals with mental illness. This stigma was referenced as being a major stressor for these six participants. Participants used the words “barrier” and “battle” to describe the consequences of mental health stigma on their work. Two participants explained very similarly this unfortunate consequence. It was explained that rather than being able to do the work that the participants believe is important to do with clients, they spend the majority of their time simply fighting stigma. One participant explained this by saying, “What I should be working on is being able to help people manage and live with their mental illness. Instead we’re always fighting for a landlord or employer or someone to just give them a chance”. Another participant explained the impact of stigma the following way.

People are afraid of individuals with mental illness, they don’t understand. They don’t realize that there are people with mental health issues that you wouldn’t even have known about, they have jobs and they can do great things. But as a society we don’t support them.

These participants felt that they were constantly fighting “the battles” of defeating stereotypes and discrimination in order to help meet their clients’ needs. This was said to be “frustrating”, “exhausting” and “stressful”.

SOCIAL WORKER WELL-BEING AND SUPPORT

2b. Irrelevant mental health policy. Four out of seven participants referenced current mental health policy as having a direct impact on them as individual social workers. When describing their views of current mental health policy, one participant passionately stated: “The policy around mental health in the state is atrocious”. Another participant stated, “Policy makers and the people making the decisions about funding don’t understand our clients, their needs, or the work that we do”. Another participant used the word “disconnected” to describe the relationship between current policy and the needs of individuals with mental illness. Four out of seven participants mirrored this view that the current policies for mental health funding and programming do not meet the actual needs of the individuals served by the mental health system. The impact this has on social workers can be heard in one participant's statement: “I’m not frustrated by the work that I have to do. I’m frustrated by the lack of respect that my patients get on the whole and that’s from a policy perspective”. Other participants mirrored this comment by stating that working under irrelevant policies impacts them as social workers by instilling feelings such as “a constant fear of losing funding”, “impotence to help” and, “drained and overwhelmed”. One participant summed up similar feelings by stating, “Sometimes as good of a job as we want to do, some days it feels impossible when you’re working in the system that we’re working in”.

2c. Lack of client resources. Five out of seven participants reported that the mental health system does not encompass adequate resources for clients. Participants reflected on a lack of resources for their clients as a primary stressor of their work. For example, one participant said: “Trying to help someone, I love that part of my work. In the context of limited resources, it is very difficult”. When discussing the lack of resources for mental health clients, one participant paused and reflected by stating the following.

SOCIAL WORKER WELL-BEING AND SUPPORT

That's the part I carry with me. You can hear the change in my voice. I can see the change in my own affect. I can feel the tightness in my body. And it pisses me off. A lot. There are barriers to people getting the services they need.

These five participants all voiced feelings of being “helpless” when working in the context of scarce resources. A specific example provided by one participant is as follows.

I'm here to do a job, but how can I do it when I don't have any resources to back me up? How can I find my mental health clients housing when there is no housing and they don't qualify for any housing programs but they also don't make enough money to rent an apartment. This lack of resources makes this work very stressful. It's just a helpless feeling.

3. The Effects of Job-Related Stress Upon Personal Well-Being

When reflecting upon the stress accompanied by the above discussed gaps in support, the participants described the impact on their individual well-being. Although participants reported a variety of impacts, six out of seven participants reported some effect on their well-being related to being a mental health social worker. The impacts reported encompassed both physical and emotional and mental impacts. The two subthemes of physical impacts and emotional and mental impacts support the theme of impacts on well-being.

3a. Physical impacts. Six out of seven participants reported physical impacts from their work as a mental health social worker. The most commonly reported impacts were physical exhaustion, headaches, trouble sleeping and increased illness. One participant expressed her difficulty with sleeping by stating, “I've definitely had a noticeable, a marked difference in falling asleep at night. I know that it's related to my work because it's my work that I'm

SOCIAL WORKER WELL-BEING AND SUPPORT

thinking about when I go to bed at night”. Participants connected these impacts largely to the stress experienced in their work. The stress that was connected to experiencing physical impacts was linked to managing client crisis, concern for client well-being and feeling isolated within an agency. One participant specifically explained that during a very stressful time for her agency, “We were talking as a team about our stress levels and almost every single one of us had some physical or medical thing going on which we felt was a result of our stress”.

3b. Emotional and mental impacts. Six out of seven participants talked about emotional or mental impacts from their work as a mental health social worker. The most commonly reported impacts were the loss of perspective, increased anxiety and self-isolation. Similarly to the participants who reported physical impacts, participants linked these emotional and mental impacts to the stress associated with worrying about clients who are experiencing a crisis. Three of these participants linked their emotional and mental impacts to a response to vicarious trauma or to consistently hearing and seeing difficult human experiences. One participant expressed this impact in the following way.

Anytime you hear detailed discussions of sexual abuse, anytime that you have to do a child protection report about a child that’s been sexually abused or locked in a car with her mom and dad while they smoked meth, there’s an effect on my brain about that.

Three participants described times when they realized that they were isolating themselves from family or friends or experiencing a loss of perspective in their life. For example, one participant stated the following.

Sometimes I’m more disconnected from my personal life because I’m really just drained. A lot of times I’m just socially drained, just from the nature of my work. It’s really

SOCIAL WORKER WELL-BEING AND SUPPORT

socially draining even though I'm an extravert. It keeps me from spending time with people as much as I used to.

Disconnecting from their personal support networks and losing perspective were associated with physical exhaustion, burnout and the impacts of vicarious trauma. One participant described this loss of perspective as "losing my emotional center". Another participant stated, "When I'm emotionally overwhelmed by my work I tend to lose perspective. Like I'm not as likely to give people the benefit of the doubt when things are ambiguous".

4. Individual Coping Strategies

As a response to the stressors mentioned above which often resulted in the physical and emotional and mental impacts presented, many of the participants have found personal coping strategies. These coping strategies seem to act as protective mechanisms from the above stressors and as safeguards to the participants' well-being. Seven out of seven participants reported some type of individual coping strategy. The coping strategies, which are the supportive subthemes for this theme, include: separation of self from work and maintaining perspective.

4a. Separation of self from work. Five participants discussed a strategy they use in which they mentally separate themselves from their work. Participants discussed protecting their well-being by mentally separating who they are as an individual and who they are as a social worker. One participant explained this separation of self as follows.

There's a certain amour and a game face that I have adopted. My clinical training allows me to keep myself out of the room as much as possible. If you were my patient, you wouldn't know anything about me. The personal stuff. So, because of this idea that

SOCIAL WORKER WELL-BEING AND SUPPORT

I am there to serve a function outside of my personality and my own personal experiences, that protects me a tremendous amount.

Another participant described this as “compartmentalization”. This participant explained that she actively and purposefully turns off her “work brain” once leaving the office. As a way to manage her stress and maintain a high sense of well-being a separation of her personal life and work life was essential. A third participant described this separation as a skill to be learned. Stating that social workers must learn and be comfortable with “not attaching their sense of self to client outcomes”. This quote again speaks to the protective nature of seeing yourself as a person separate from your work as a social worker.

4b. Maintaining perspective. Five out of seven participants spoke about the importance of maintaining a specific perspective in order to uphold a positive sense of well-being. Participants voiced the protective nature of maintaining a positive outlook, keeping perspective on what is in their control versus what is not, and viewing their profession in a positive light. Maintaining these perspectives was associated with a heightened sense of well-being. In regards to maintaining a positive outlook, one participant stated, “We always have to see the good in what’s going on. Otherwise we would get completely burnt out”. In reflecting upon maintaining a perspective of what is in your control and what is not, one participant stated:

As soon as I walk out of my patient’s room, it’s insurance issues, it’s doctor issues, it’s placement issues, and it’s bed availability issues. All stuff that’s out of my control. So I can control what’s going on between me and a patient. That’s it. So if I know that, my own self-care follows.

SOCIAL WORKER WELL-BEING AND SUPPORT

Five participants spoke about how their positive view of the social work profession serves as a motivator for them to continue even when the work gets difficult. These participants most commonly described being a social worker as fulfilling, having passion, valuable, a privilege, a responsibility and proud to be one. One participant stated, “I feel a sense of passion and an obligation to those who can’t participate in their own troubles as much as I can”. Later this same participant expressed how this obligation is seen in a positive way, “I see it as a great privilege to be able to assist. It’s not a burden, it’s what I signed up for”. Another participant explained, “There is a lot of stress in my work and things that I wish were different. But the work is also very fulfilling and that keeps me going”. These highly positive ways of viewing their profession serves as a source of motivation even in the presence of the above mentioned challenges.

5. Existing Organizational Supports

The fifth theme that participants presented was the importance of specific organizational supports. Seven out of seven participants discussed supports associated with their organizations that served to increase their ability to maintain a high sense of well-being. Two subthemes appeared within the seven participants’ discussions. The two subthemes, which support the theme of organizational supports, are coworkers and supervision.

5a. Coworkers. Six participants discussed support from coworkers as influential in the maintenance of their well-being and self-care process. One participant stated, “I do a fair amount of normalizing my own experiences with other social workers that are having the same difficulties as I am. Normalizing those experiences among coworkers is extremely valuable”. Two participants discussed the value of “processing the day” with their coworkers. The participants explained that coworkers “just get it” referring to the challenges they experience. It

SOCIAL WORKER WELL-BEING AND SUPPORT

was described as being a relief to talk to coworkers who understand the difficulties versus family and friends that can't quite understand the work the participants do on a daily basis. Three participants specifically used the word "team" to describe the importance of their coworkers. The primary value of working within a team was cited as "not feeling isolated", "supportive" and "beneficial". One participant described the support received from coworkers by stating, "My coworkers and I make a very strong team. We support each other. We can tell if you need help with something. We can tell if you're not ok. That's helpful".

5b. Supervision. Five participants expressed the benefit of having a good supervisor and supervision sessions. One participant expressed this by saying; "I think it's probably one of the most important things for job satisfaction. To be comfortable with your supervisor. Then everything else doesn't seem quite so bad". Three other participants mirrored this statement by reporting regular supervision sessions as a primary effective support. Two participants described the effective support of a supervisor as having a supervisor who took the initiative to back the participant up in difficult situations. All five participants agreed that feeling supported and heard by their supervisor was extremely influential in being able to persevere in their work. For example, one participant stated the following.

I had a supervisor who was very responsive, she was attuned, she was just there. And she listened and when she said she was going to do something, she did it. If there was a problem, she at least attempted to make a change. That was a huge factor in getting the support I needed.

SOCIAL WORKER WELL-BEING AND SUPPORT

6. Solutions for Supporting Worker Well-Being

Amidst discussing the gaps in current supports, the impacts of their work on well-being and the supports that are effective, participants also explored their ideas for improving the well-being of mental health social workers in order to facilitate their individual success. Participants also discussed increasing support for social workers from the framework of improving the greater mental health system which social workers work within. Described below are participants' ideas and suggestions for increasing support for social workers. Participants' suggestions were made from both an organizational and societal level.

6a. Systemic response to self-care. Six out of seven participants discussed their suggestion that self-care be met by a systemic response versus an individual response. One participant explained this idea by stating, "There needs to be a systemic solution and support so that self-care is better addressed. The individual level it's addressed at now is just ineffective". This participant went on to express the following.

When we say self-care is an individual's problem it's kind of like shaming and blaming. Like if you're having these stressors or difficulties then you're not taking care of yourself. But, there needs to be a shift in not addressing this as an individual's problem but more systemically. Like as an agency.

Another participant voiced a similar opinion when she stated the following.

A focus on wellness is important, physical and mental. And seeing that as something that is worth a company's time investing in would benefit the social workers at the bottom. Because we aren't always good at taking care of ourselves. We need the encouragement and support to do so from up above us.

SOCIAL WORKER WELL-BEING AND SUPPORT

Participants listed a number of suggestions for organizations to adopt a more systemic response to self-care. The most commonly made suggestions included increased trainings to provide education on self-care and opportunities for self-care such as support groups and yoga classes. The overarching opinion among these participants was that a systemic response to self-care would promote a more accepting environment versus an environment of “shame and blame” that is created by promoting self-care as an individual’s issue. Four participants stated their belief that if a more accepting environment for self-care was created, more social workers would reach out for help and seek the support they need.

6b. Decrease stigma. Six out of seven participants voiced a suggestion from a much larger perspective. These participants suggested working towards decreasing societal stigma of mental illness as a primary way to positively impact mental health social workers. Participants agreed that the stigma associated with mental illness impacts their work tremendously. One participant described this by saying the following.

In our society, people with mental illness are not a priority. So mental health is more likely to get funding cuts and we’re more likely to get paid less and given higher caseloads. From a societal level, there needs to be more ways that we can help people, like more resources and a better understanding in society about what people’s needs are so that policymakers can make good decisions and then we wouldn’t have to work as hard and we could take better care of ourselves.

Participants discussed solutions to this issue. Four participants voiced their suggestion of increasing societal education and awareness about mental health. The suggestion to increase education and awareness of mental health was made by participants in hopes of decreasing the

SOCIAL WORKER WELL-BEING AND SUPPORT

stigma associated with mental illness. Participants felt that if this can be done, there will be more value placed on mental health care, which will be reflected in mental health policies which would trickle down to having an increase in needed mental health services. This would have a direct impact on social workers' ability to serve their clients.

The emerging themes presented demonstrate the shared experience among mental health social workers in regards to gaps in support for mental health social workers, the impact of working within the mental health field on their well-being, the most effective supports and ideas for solutions to increase support and improve the mental health system. These results share numerous similarities to the results found in the literature. In the following section, a discussion of the findings will be provided.

Discussion

The findings provided above serve as an exploratory answer to the original research question of: 1. What is the impact of working within the mental health field on social worker well-being?, 2. What types of supports do mental health social workers find to be the most helpful and 3. What gaps do mental health social workers feel exist in the level and type of support that they receive in their work? The six main themes discovered through data analysis can be interpreted by examining the relationships that exist between the themes. Through this examination, the following interpretation is provided within the context of previous research.

Participants described their experiences with the gaps that exist in supporting social workers in the mental health field. Participants explained how these gaps create and emphasize stress, which impacts both their physical and emotional well-being. In order to combat the effects of these stressors, participants described the most effective methods to protect and

SOCIAL WORKER WELL-BEING AND SUPPORT

promote their well-being. Lastly, participants voiced their ideas on how to improve support for mental health social workers both to promote their individual success and also to facilitate the creation of a stronger mental health system. Findings from this study closely align with previous research.

Participants explained that an organization's mindset towards self-care is extremely influential in a social worker's maintenance of well-being. An organization that does not actively and intentionally promote self-care creates an environment in which social workers feel ashamed when they are struggling. Social workers are then less likely to reach out and seek the support they need. This closely parallels the stigma surrounding mental health issues that we find in general society. Participants spoke of our society as one that does not understand and therefore value mental health care and supporting the mental health needs of our communities. This led to the discussion of what participants described as an inadequate mental health system, which they work within. Participants explained how the stigma regarding mental illness creates incredible barriers to the work they do with clients. Due to stigma, society does not value mental health care, which leads to ineffective mental health policies, which trickles down to a serious lack of funding resulting in a severe deficit of resources for mental health clients. As the individuals typically responsible for helping clients access resources, mental health social workers find this reality of a poor system to be a major stressor in their work. This closely aligns with the literature that describes America's mental health system as broken, in large part due to underfunding (Sederer, 2015).

Working in the mental health field has its own stressors such as managing client crisis, concern for client well-being, impacts of vicarious trauma and a lack of client resources. Coupling this with the lack of support that social workers often experience, the work begins to

SOCIAL WORKER WELL-BEING AND SUPPORT

impact their physical and emotional well-being (Stalker & Harvey, 2002 as cited in Morse, Salyers, Rollins, Monroe-DeVita & Pfahler, 2012). Participants in this study spoke specifically about experiencing an increase in physical health problems such as headaches, trouble sleeping and increased illness and pain. Participants described impacts to their emotional health such as anxiety, losing perspective and becoming detached from their personal lives. This mirrors previous research, which reported that social workers experiencing high stress could suffer higher rates of anxiety and physical pain (Peterson et al., 2008 as cited in Morse, Salyers, Rollins, Monroe-DeVita & Pfahler, 2012).

Participants in this study talked with concern about how a decline in well-being among social workers can have an impact on the work that is done with clients. This finding is supported by previous research which found that burnout among social workers can result in decreased effectiveness in mental health service delivery and lower quality of care to clients resulting in diminished client outcomes (Kim & Stoner, 2008; Carney, Donovan, Yurdin, & Starr, 1993 as cited in Morse, Salyers, Rollins, Monroe-DeVita & Pfahler, 2012). For this reason, participants advocated for increased support for social workers. This is an echoing statement of previous research that advocates for improving the well-being of the professionals providing mental health services in order to facilitate larger system improvements (Kim & Stoner, 2008; Boyer & Bond, 1992 as cited in Morse, Salyers, Rollins, Monroe-DeVita & Pfahler, 2012).

In the face of these professional stressors and perceived impacts on their well-being, participants talked about personal strategies or coping skills they employ to safeguard and protect themselves from these stressors. From an individual level, participants described the value of separating their personal self from their social worker self. This relates closely to the

SOCIAL WORKER WELL-BEING AND SUPPORT

research conducted by Shier & Graham (2011), which described the benefits of social workers practicing mindfulness in relation to their self-identity and work/life balance. Social workers who are able to maintain this acute level of self-awareness appear to have a higher sense of well-being (Shier & Graham, 2011). Participants in this study also spoke about the importance of maintaining perspective. Multiple participants explained that one must understand what is in their control and what is not. Being able to do so was believed by participants to positively impact their well-being. This finding is strongly supported by the research by Kaliath & Kaliath (2014) in which maintaining perspective regarding what is in one's control versus what is not was found to be an effective coping skill among social workers struggling with work and family life balance.

Participants also made a strong case for the importance of the organizationally based supports of coworkers and supervisors. These findings are also consistent with previous research. Tafvelin, Hyvönen, & Westerberg (2014) reported that supervisors possess the ability to have a positive effect on the professional well-being of their social work staff. This closely mirrors the participants' experiences in which they reported that a responsive and attentive supervisor acts as a crucial support system. Participants also cited their coworkers as serving as a primary support system. They explained that coworkers are an effective support because of their ability to relate to and understand the challenges present in their day to day work. This finding is supported by previous research, which suggests that support groups among co-workers can help to develop a supportive environment (Puig et al., 2012).

Participants voiced valuable suggestions on how to increase support for mental health social workers with the purpose of facilitating their individual success and the success of the mental health system as a whole. These suggestions very closely related to the gaps in support

SOCIAL WORKER WELL-BEING AND SUPPORT

they identified as discussed above. Participants explained that the shaming and blaming approach to self-care as an individual's responsibility must be reformed. Participants suggested that organizations take a more systemic approach to self-care in order to support the well-being of social workers. Participants felt that if organizations were to create environments in which self-care was openly talked about and opportunities such as educational trainings, support groups or yoga classes were offered, social workers would be much more willing and able to seek and receive the help they needed when struggling. Just as participants suggested that organizations attempt to de-stigmatize self-care, participants also made the suggestion that social workers must work towards de-stigmatizing mental illness in general society. Participants voiced hope that decreasing stigma would result in higher societal value for individuals with mental illness. This is needed in order to meet the needs of the population thereby increasing social workers' ability to be successful in providing services to their clients.

Cultural Values and Attitudes.

Perhaps the most powerful and prevalent finding from this study was the impact of cultural values and attitudes on mental health social workers. What appears to be at the root of the findings are the impacts of society's dominant cultural values and attitudes towards mental health. The findings of this study suggest that cultural values and attitudes towards mental health tremendously impact social workers in two large ways. First, the stigma that results from a society that does not understand nor value mental health care creates extensive barriers for social workers to meet the needs of their clients. Participants described this as being a major stressor of their work. Second, there appears to be a parallel between cultural stigmatization of mental health and the feelings of shame that social workers often feel when they are struggling to maintain their own well-being. These findings suggest that cultural stigmatization and

SOCIAL WORKER WELL-BEING AND SUPPORT

devaluation of mental health care serve as a primary barrier both to the work that mental health social workers do and to their ability to maintain a high sense of well-being.

Participants discussed in great detail how the dominant views of mental health greatly impact themselves as mental health social workers. Participants talked about our society as one that does not understand mental illness. They discussed the idea that from a lack of understanding mental illness comes a society that does not value nor place worth on mental health care. Participants talked about experiences in which individuals with mental illness are erroneously viewed as “unworthy”, “incapable” and “less than”. These were seen as the dominant cultural views and attitudes towards individuals with mental illness. Participants explained how these cultural values and attitudes towards mental health impact their work by explaining a sort of trickle down effect.

The findings from this study suggest that because society places such great stigma on mental illness a devaluation of mental health care exists. This societal devaluation of mental health care greatly influences how mental health policy is created. According to participants, the result is policy that is largely ineffective. Participants explained that there is not adequate funding for mental health services and programs and that the programs and services that are funded are not necessarily reflective of the actual needs of the population. Just as cultural values impact policy creation, the existing policies impact the social workers that implement the policies. Participants spoke of the relationship between inadequate mental health policy and the scarcity of resources for individuals with mental illness. The lack of effective and relevant mental health policy creates a work environment for social workers that is incredibly stressful. Participants discussed the overwhelming feeling of helplessness to work within a system that does not provide them with the resources they need to meet their clients’ needs. Therefore, this

SOCIAL WORKER WELL-BEING AND SUPPORT

impacts the mental health social workers in a very direct manner. The findings suggest that the overwhelming stress created by a lack of resources can be traced back to the dominant cultural views and attitudes towards mental health. These findings are supported by previous research conducted by Corrigan, Druss, & Perlick (2014) which reported that societal stigma is likely one main reason for the lack of adequate funding for mental health programs. Societal stigma leads to devaluation of mental health care (Corrigan, Druss, & Perlick, 2014).

These same unfortunate cultural values that impact policy and availability of mental health resources also seem to seep into the mindset towards self-care within social work. Participants spoke of an interesting parallel between the stigma surrounding mental illness that exists in general society and the lack of conversation and ensuing shame that surrounds self-care among social workers. Participants talked about a sense of shame that social workers often feel when they are struggling to maintain a positive sense of well-being. Participants talked about times when they experience anxiety, physical illness, trouble sleeping or self-isolation as a result of the stresses of their work. Yet, many participants described a sense of shame that accompanies these experiences. This shame tends to be exacerbated by organizations that do not create work environments in which self-care is openly discussed and promoted. This experience among social workers and within agencies shares great similarities to the stigma surrounding mental health care in general society. Participants spoke of recognizing this parallel. This finding appears to suggest that the same stigma that exists toward mental health care in general society also exists in the attitudes towards self-care in social work. This makes sense considering that social workers operate in the context of a society that stigmatizes mental health needs. These findings are consistent with the literature, which reported that one of the primary

SOCIAL WORKER WELL-BEING AND SUPPORT

reasons that social workers do not practice self-care is the fear that others will view them as being weak (Jackson, 2014).

The dominant cultural views, which stigmatize and devalue mental health care, appear to immensely impact mental health social workers both in regards to their ability to conduct their work and to care for themselves. As participants explained, these challenges impact the overall well-being of the social worker, which also impacts the service delivery to clients.

Importance of Well-Being

The impacts of working within the mental health field on social worker well-being clearly emerged in the findings. In addition, the importance of maintaining well-being was presented from both an individual perspective and from a larger systemic level. Participants discussed unique challenges present in the mental health field that over time put them at risk for a decrease in their well-being. Among the most commonly reported factors that impact their well-being, participants mentioned the management of client crisis, concern for client well-being, and impacts from vicarious trauma. Multiple participants felt that these challenges were magnified if they also felt isolated within their agency. The purpose of this study was not as much to identify the specific stressors of this profession but to better understand how the profession in general impacts well-being. The majority of participants discussed some way that the profession impacted their physical or emotional state. Therefore, the valuable finding here is for social workers to understand and acknowledge the potential impacts that their work can have on their well-being in order to protect themselves as they progress in their work.

Participants brought to light the reality and prevalence of feeling exhausted, getting more headaches than usual, having a change in sleep pattern or experiencing chronic illness as a result

SOCIAL WORKER WELL-BEING AND SUPPORT

of the stress present in their work. Participants also spoke about times when they found themselves experiencing anxiety. Others talked about isolating themselves from family and friends because they simply didn't have the energy to be social any longer. The truth in these findings is that working within the mental health field can pose some serious risks to physical and emotional health. These findings are consistent with previous research, which reported that mental health professionals often experience direct physical, and mental health consequences from work stress (Puig et al., 2012; Stalker & Harvey, 2002 as cited in Morse, Salyers, Rollins, Monroe-DeVita & Pfahler, 2012). Not every single participant experienced these impacts to the same degree, but most participants reported them to some extent. The relevance of this finding is to serve as a reminder of the importance of social workers acknowledging their own well-being and the importance of safeguarding it from the potential impacts of their profession.

Participants also related the state of their own well-being to the success of their clients. In other words, participants not only discussed the importance of maintaining their well-being for their own individual benefit but also for the benefit of their clients. The finding that emerged was that the individual social worker's well-being is important to the overall functioning of the mental health system. This finding is consistent with previous research which indicated that when social workers are struggling to maintain their well-being it often has an impact on the effectiveness of service delivery, quality and continuity of care (Kim & Stoner, 2008; Boyer & Bond, 1992 as cited in Morse, Salyers, Rollins, Monroe-DeVita & Pfahler, 2012; Carney, Donovan, Yurdin, & Starr, 1993 as cited in Morse, Salyers, Rollins, Monroe-DeVita & Pfahler, 2012).

Furthermore, participants described in more detail this relationship between their own well-being and the success of their clients. If a social worker is struggling to maintain their well-

SOCIAL WORKER WELL-BEING AND SUPPORT

being it is likely that they may struggle to be fully present in their work. Participants provided the examples of stress leading to physical and emotional health consequences such as illness, decreased sleep or anxiety. When these experiences occur, participants described having greater difficulty supporting their clients. In other words, when social workers are strained they have less ability to provide care to their clients. This finding is supported by previous literature, which suggested that when social workers struggle, so do their clients (Jackson, 2014). Participants took this a step further and explained that if clients' needs are unmet this can have a larger strain on the organization or system. This is not a blaming statement to suggest that social workers be held responsible for the effectiveness of the mental health system. Rather, based on the findings in this study, it is a statement of advocacy; a call for increased and improved support for social workers where they report it to be lacking.

This study suggests that the ability for social workers to maintain a positive sense of well-being is important both at the individual level and at the larger systemic level. Drawing on the previously discussed results, these findings indicate the importance of providing adequate support to social workers in order to facilitate a strong sense of well-being. This not only supports their right to and need for individual success but also promotes the success of the larger mental health system.

Moving Forward

A primary purpose of this study was to identify ways in which social workers' self-identified needs can serve as the foundation of strategies put into place to support their well-being. This study, along with previous research supports the idea that supporting the well-being of the social workers can be an effective method of facilitating improvement for mental health

SOCIAL WORKER WELL-BEING AND SUPPORT

service delivery. This study provides findings, which can direct future practices to better support mental health social workers, both at an individual and organizational level. The findings also suggests that in order to move forward we must be willing to make some changes.

The findings above demonstrate the importance of social workers understanding their own power to positively influence and manage their well-being. Participants described their ability to separate themselves from their work and to maintain perspective as primary safeguards to their well-being. This can empower social workers to recognize their own power to control the outcome in regards to their sense of well-being.

It is also crucial for organizations and agencies to recognize the influence that supportive coworkers and supervisors can have on the well-being of staff. Participants discussed the support of their coworkers and supervisors as a primary effective support. This finding suggests that agencies have the power to create environments that can undoubtedly impact their workers. An environment in which coworkers interact as a team and supervisors are available and proactive appears to create a work environment in which workers can thrive rather than struggle. This study appears to suggest that a culture among coworkers that fosters trust, reliance, mutual support and regular interaction is highly influential in supporting its staff. Supervisors who are willing to back up their staff, attempt to make change when necessary and provide regular supervisory sessions hold the power of preventing a decline in well-being. This information can greatly empower agencies and organizations to build their work environments in such a way that supports the social workers versus isolating them.

This study also suggests that organizations would benefit from using a more systemic approach to self-care. This is in contrast to the often used approach that self-care is the

SOCIAL WORKER WELL-BEING AND SUPPORT

responsibility of the individual social worker. As presented by participants, the adoption of a systemic approach to self-care could include more intentional organization conversation about self-care in the workplace. Organizations can promote self-care by organizing trainings or educational seminars. Participants even advocated for organizationally led supports such as self-care related support groups or on site yoga classes. Participants suggested that an organization that promotes self-care from a systemic level would create an environment that encourages social workers to seek and receive the support they need. Without the discussion and promotion regarding the importance of self-care, social workers often feel ashamed in times of needing support.

The findings of this study come full circle when considering that a primary area of need as suggested by participants was to decrease stigma associated with mental illness. The initial findings discussed above explained the impacts that cultural views and attitudes towards mental health have on mental health social workers. Thus, it makes perfect sense that the majority of participants stated that the decrease or even elimination of mental health stigma would have profound impacts on their work.

Participants explained that if there were to be less stigma surrounding mental illness there would likely be much more interest in and support for mental health care. As explained above, if there was more value placed on mental health care there would likely be more comprehensive policy resulting in greater services, supports and resources for individuals with mental illness. Participants validly explained that this would hugely increase their ability to meet their clients' needs. This would serve to eliminate one of the largest stressors of working within the mental health field; an inadequate mental health system. Furthermore, social work is a client centered profession. For this reason, social workers also struggle to accept the state of the mental health

SOCIAL WORKER WELL-BEING AND SUPPORT

system as they see that it leaves many client needs unmet. Participants voiced that in order to be satisfied in a client centered profession, they must see their clients served by a well functioning, fair and extensive system.

The findings of this study outline the current needs of mental health social workers, the current supports that are effective and ideas for how to fill the identified gaps. This study suggests that filling those gaps would not only serve to improve support for social workers but to also improve the state of the mental health system. This study points to cultural values and attitudes towards mental health as the root of an inadequate mental health system and a barrier to social workers receiving the support they need. Individual coping skills along with coworkers and supervisors were seen as the primary methods of support in the face of challenges. In order to fill the perceived gaps in support, we must learn to approach self-care systemically and work to decrease stigma associated with mental illness.

Strengths and Limitations

It is necessary to address the strengths and limitations of this study in order to put perspective to the above findings. A primary strength was the use of a qualitative method to allow for the voices of mental health social workers to be heard. Although there are a number of studies that examine the well-being of social workers, the ideas, thoughts and suggestions from social workers is lacking in reference to improving support. This study hoped that it would be beneficial to hear directly from mental health social workers about what they need, what support is missing and what we can do better to aid in the maintenance of their well-being. Hearing directly from social workers did in fact provide very rich results and lead to conceivable

SOCIAL WORKER WELL-BEING AND SUPPORT

solutions to better the well-being of the social workers serving in our mental health system; leading to the betterment of the system as a whole unit.

This leads to a secondary strength. The findings from this study build upon previous research. As mentioned above, there is a multitude of previous research and literature that discusses the state of mental health social work and those employed in the field. This study builds upon the much needed solution focused conversation in which we can prepare to take action to better both the state of the social worker's well-being and the mental health system. Action can only be taken once we hear directly from mental health social workers what action is needed. This study builds on this conversation and provides relevant direction for improvements to be made.

Although this study is perceived to possess strengths, there are also limitations that must be discussed. A primary limitation is the sample used in the study. The use of a snowball sampling method is a limitation in the generalizability of these findings. Furthermore, the small sample size of seven participants prevents the generalizability. As mentioned above, Hamama (2012) reported that the sample used in her study was likely non-representative due to using the snowball sampling procedure, which likely led to the sample consisting of like-minded social workers rather than a diverse sampling. This is likely true for this study as well. However, due to the somewhat personal nature of the topic of this research study, the researcher believed that a snowball sample was an appropriate method as individuals may be more willing to participate if approached by a trusted colleague rather than an unknown researcher.

SOCIAL WORKER WELL-BEING AND SUPPORT

Implications for Social Work Practice

This study provided an in depth exploration of the experience of mental health social workers. It provides multiple implications for social work practice. A primary implication for social work practice is simply for social workers to recognize the possibility that working in the mental health field can impact an individual's well-being. When one is able to recognize this reality, she or he can take steps to protect her or his well-being. The findings provide significant opportunities for social workers to learn from one another how to maintain a high sense of well-being in an often challenging career. Organizations and agencies can also take away important points to learn how to best support their social workers. Social work as a profession can also benefit from the strongly present finding of the need for increased advocacy work.

Perhaps one of the larger implications of this study for social work practice is the opportunity for social workers to learn from one another. Social workers in this study provide an excellent description of individual coping strategies that help them to maintain their well-being. It seems that when a social worker is able to see their personal self as somewhat outside of their role as a professional social worker it helps to maintain their well-being. This was often described as compartmentalizing the work from the personal self. This strategy seems to help some social workers maintain a higher level of life satisfaction. Other social workers strongly benefit from purposely and intentionally maintaining a positive perspective. They remind themselves to focus on the successes or the good aspects of the day versus the negative. Other social workers continually remind themselves to only be concerned with items that are in their control. When working in the mental health field there are numerous factors outside of one's control. For example, the availability of resources and program policies. Social workers that maintain a focus on what they can control versus what they cannot seem to have a much lower

SOCIAL WORKER WELL-BEING AND SUPPORT

stress level. If a social worker finds that they are struggling to maintain a high sense of well-being, perhaps she or he would benefit from learning what works for other social workers. The opportunity to learn from one another is a primary implication for social work practice from this study.

It also appears that social work as a profession could strongly benefit from a more focused and intentional approach to self-care. This can start with simply increasing the conversation that occurs around this topic. Social workers need to feel safe to talk about how their work is impacting their well-being. Therefore, a second implication from this study is that social workers can see these findings as encouragement to start talking to one another. Based on the findings of this study, many social workers will likely find that their co-workers around them can relate to the impacts of the profession and have a desire to talk about it. This strongly relates to the learning that organizations and agencies can take away, as well.

A further implication for social work practice is the importance of organizations understanding the significance of the organizational atmosphere around social workers' well-being. This study suggests that the environment created by an organization can greatly impact the staff. An organization that builds a supportive team among co-workers is found to be significantly more supportive. One that does promote a team approach appears to significantly increase feelings of isolation and not feeling supported. Furthermore, organizations that encourage strong relationships between supervisor and staff characterized by attentiveness, supportive involvement and simply a presence from the supervisor seem to heavily influence the satisfaction of the workers. Lastly, organizations can and should hear that social workers are asking for a more systemic approach to self-care. Organizations would strongly benefit from learning that when the approach is taken that self-care is an individual's responsibility, social

SOCIAL WORKER WELL-BEING AND SUPPORT

workers often feel shamed, blamed and self-doubt when they are in need of support. An agency that promotes the need for self-care and offers opportunities for self-care is an agency that will likely find itself to consist of well-supported and healthy staff.

Lastly, a major implication is the importance of advocacy work within the field of social work. An inadequate mental health field was a primary concern among mental health social workers. The findings suggest that a society which possesses cultural values and attitudes in which mental health care is not valued nor adequately supported leads to irrelevant mental health policy. The current mental health policy in place is believed to be non-reflective of the needs of the mental health population. This is said to neglect the needs of mental health clients leaving them in even greater need. Clients are in greater need and there are not enough resources for social workers to draw upon to support their clients. This places huge burden upon the social workers, which is seen as an incredible stressor in their work. Social workers are in a client centered profession. The state of their clients' well-being is highly valued by the social workers. For this reason, it makes complete sense that when their clients are not valued nor supported by society this is seen as an immense barrier and concern for them as social workers. Since this inadequate mental health policy is viewed as stemming from a culture that does not value mental health, the implication is the need for social change as mentioned above. In order to promote social change social workers must take on the role of advocate. Social workers have the opportunity to educate and increase societal awareness on what mental health is, what the needs are and the importance of mental health care. The hope is that if society better understands mental health there will be more value placed upon the care. If more value is placed on mental health care perhaps this social change can influence the creation of more comprehensive and

SOCIAL WORKER WELL-BEING AND SUPPORT

relevant policies. With more relevant policies would potentially come an increase in the availability of resources and thereby enhance social workers' ability to meet their clients' needs.

The Social Work Code of Ethics lists the following as a primary ethical principle: *Social workers challenge social injustice* (National Association of Social Workers, 2015). This calls on social workers to actively seek social change when there are identified areas of injustice, discrimination and unequal access to resources and opportunity (National Association of Social Workers, 2015). Therefore, this study serves as a call to the profession of mental health social work for increased advocacy work.

Implications for Policy

As just mentioned above, a primary finding from this study was the perceived inadequacy of the mental health system. It was mentioned that a primary implication of this finding is the need for advocacy among the profession of social work to create social change. When we understand this relationship between cultural values, policy and the unmet needs of our clients, we can see how this study has implications for policy, as well. This study also serves as a call to policymakers and those in a position to influence mental health policy. This study suggests there is a need for policymakers to connect with those who implement the policies, such as mental health social workers. There seems to be a disconnect between the existent mental health policies and the true needs of the mental health population. This leaves the implementers of policy in a complicated position. This study calls on policymakers to connect with mental health social workers, to recognize our current system is not working and to help fix it. The hope is that a connection made between policymakers and social workers can result in more effective services to mental health clients. If services are created and carried out in a more effective

SOCIAL WORKER WELL-BEING AND SUPPORT

manner, there is potential to create a system that operates more efficiently. A more efficiently operating mental health system benefits society as a whole (World Health Organization, 2003). Mental health clients deserve to be served by an adequate system for their individual dignity and worth alone. However, the World Health Organization (2003) explains the impact that a better functioning mental health system would have on society as a whole. Due to mental and physical health being so closely connected, an improvement in mental health is thought to decrease overall healthcare costs in the United States (World Health Organization, 2003). An improvement in mental health care also has the potential to increase work productivity and reduce rates of poverty since both are also closely tied to mental health (World Health Organization, 2003). In conclusion, the findings of this study suggest that a connection made between policymakers and social workers could have highly positive implications.

Implications for Future Research

This study also provides various relevant directions for future research. First, this study suggests that the ability for an organization to create a supportive atmosphere strongly impacts the social worker's well-being. It appears that organizations play a central role in facilitating support for social workers. Participants explained that an organization which can promote self-care from a systemic level will likely be much more successful. Future research may benefit from examining this more closely. More research is needed to identify what would be the most effective ways of promoting self-care as an agency. More information is needed on what types of services would be most effective for and well-received by social work staff. For example, would social workers most benefit from increased trainings or education on self-care? Would social workers participate in co-worker support groups or attend yoga classes if offered on site?

SOCIAL WORKER WELL-BEING AND SUPPORT

Due to the huge influence that the organization's approach has on the individual social worker, this seems to be an important area for future research.

Secondly, one major finding of this study appears to be the importance of raising awareness at the macro level to influence change at the micro level. It appears that mental health social workers are in need of greater support from society. Without society's support for mental health care there is little chance for change in mental health policies. Without a change in policy, social workers will continue to have immense difficulty providing for their clients and the stress associated with that barrier will likely continue. Perhaps future research can focus on these efforts by exploring the most effective ways to organize community support, implement awareness strategies and increase value placed on mental health care.

It is very important to note that my interpretation of the findings to inform the implications discussed above for social work practice, policy and future research are based upon my own experiences and perceptions. I value the place of social work in the formation of policy and view social workers' as possessing a certain level of responsibility for promoting social change. Therefore, the implications of this study were interpreted and viewed from this lens. This can certainly influence the manner in which I view the implications of this study.

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SOCIAL WORKER WELL-BEING AND SUPPORT

Appendix A**Qualitative Interview Questions**

1) Demographics

- a. Age:
- b. Gender (researcher will record gender)
- c. Years in practice:
- d. Current position:

2) Can you tell me about your experience as a social worker in the mental health field?

(Prompt): Such as, the various positions you have held?

(Prompt): How about the client populations you have served?

3) Can you describe how you generally feel (emotionally) when you arrive to work in the morning?

4) How do you generally feel (emotionally) when you leave work in the afternoon?

5) Social workers may feel a sense of joy and reward from helping people. Can you tell me about a time that you felt joy during your work as a social worker?

(prompt): when was the last time that you felt joy in your work?

(prompt): how often would you say that you feel joy (what percent of your work time?)

6) Social workers may also feel a sense of exhaustion at times when working within the mental health field. Can you tell me about a time when you felt that way?

(prompt): when was the last time that you felt exhaustion in your work?

(prompt): how often would you say that you feel exhaustion (what percent of your work time?)

SOCIAL WORKER WELL-BEING AND SUPPORT

- 7) You have just described the different emotions that can often accompany your work as a social worker. How do these different emotions impact your personal well-being? (provide definition of well-being).
- 8) What do you do for support? What is helpful to you in coping with the challenges of your profession?
- 9) Can you tell me about the support you receive within your organization or the mental health field?
 - a. Do you think anything could be offered more or done better?
- 10) We've discussed the support that you have available to you. Do you feel these supports are adequate for the work that you do?
 - a. Why or why not?
- 11) Do you believe there are any societal influences on your well-being when working as a mental health social worker?
- 12) If you were given a magic wand that allowed you to change or alter anything about your work or position as a mental health social worker, what would you make happen?
- 13) Is there anything else you would like to tell me?