~1/3 of community mental health providers are burnt out.

The most endorsed contributor to burnout was *Personal issues.*

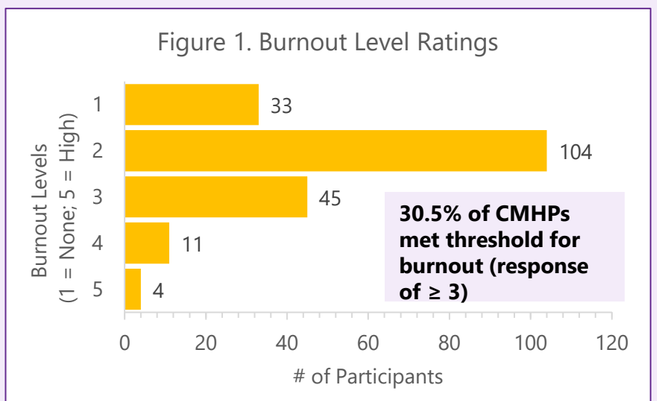
A Mixed-Methods Examination of Community Mental Health Providers' Experiences with Burnout

Background: Burnout (an occupational phenomenon characterized by emotional exhaustion, depersonalization, and decreased job accomplishment[1]) among community mental health providers (CMHPs) was likely exacerbated by the COVID-19 pandemic[2]. Burnout can lead to staff turnover, worse client care, and poor provider well-being[3-6]. This mixed-methods study examined Washington state CMHPs' current experiences with burnout.

Quantitative Results

In the past 3 months, how would you rate your level of burnout?

Figure 1. Burnout Level Ratings



Racial/Ethnic Background	Burnout M (SD)
White (Non-Hispanic) (N=126)	2.34 (.88)
Latinx/e/a/o or Hispanic (N=35)	2.06 (.76)
Mixed race (N=19)	1.95 (.71)
Asian (N=15)	2.00 (.38)
Black or African-American (N=7)	1.71 (.49)
Native Hawaiian or other Pacific Islander (N=2)	2.00 (.00)
Native American (N=2)	4.00 (NA)
Self-Describe (N=2)	1.50 (.71)

In a multiple linear regression model with CMHPs' years of providing therapy, location (urban vs. rural), binary gender (woman or man), and binary race (white or non-white), only binary race was found to be a significant predictor of burnout ratings such that white CMHPs reported *higher* levels of burnout compared to non-white CMHPs (β=.446, *SE*=.125, *p*<.001).

Qualitative Results

What, if anything, do you feel has contributed to your sense of burnout? *(Free list up to 15)*

Table 2. Burnout Contributors Endorsed by Providers

Code	Frequency	N (%)	Rank
Provider-level			
Own well-being	66	43 (21.8%)	2
Personal issues	112	65 (33.0%)	1
Secondary trauma	17	14 (7.1%)	10
Self-doubt	17	15 (7.6%)	10
Client-Level			
Challenging clients	51	44 (22.3%)	5
Disengaged clients	12	11 (5.6%)	14
Large caseload	53	51 (25.9%)	4
Low caseload	2	2 (1.0%)	20
Parents	11	10 (5.1%)	15
Progress	4	4 (2.0%)	18
Interpersonal			
Agency issues	27	19 (9.6%)	8
Negative work environment	47	43 (21.8%)	6
Other or past organizations	4	2 (1.0%)	18
Supervisor issues	22	18 (9.1%)	9
Job Demands			
Administrative work	47	38 (19.3%)	6
Developing competency	16	15 (7.6%)	11
Professional autonomy	16	12 (6.1%)	11
Remote work	3	3 (1.5%)	19
Role ambiguity	11	10 (5.1%)	15
Role overload	55	43 (21.8%)	3
Schedule	47	41 (20.8%)	6
Sedentary work	1	1 (0.5%)	21
Travel	6	6 (3.0%)	17
Structural			
Financial	34	30 (15.2%)	7
Lack of resources	7	6 (3.0%)	16
Staff shortage	7	7 (3.6%)	16
Staff turnover	7	7 (3.6%)	16
Trainings	15	13 (6.6%)	12
External			
Seasonal changes	7	5 (2.5%)	16
State of the world	13	11 (5.6%)	13

Note. Rank of 1 indicates most endorsed theme; Rank of 21 indicates the least endorsed theme. Top 5 most endorsed themes are highlighted.

Methods

Participants (N = 198):

74.2% women
58.6% white (non-Hispanic)
72.7% urban agencies
2.52 (SD = 3.20) average years providing therapy

Procedures:

1 

CMHPs completed Qualtrics survey on background and burnout[7]

2 

2 independent coders conducted thematic analysis[8] of contributors

Discussion: A substantial portion of CMHPs are burnt out. CMHPs felt that Personal issues (e.g., family concerns, childcare, etc.) contributed the most to their burnout, which has not previously been discussed in the burnout literature. Additionally, while well-being is a known result of burnout as discussed in the Background section, findings suggest that well-being also *contributes* to burnout, potentially implying bi-directionality between the two factors. Future research should explore how aspects of identity, like race, may play a role in *reporting* burnout, as well as identify tailored solutions to burnout contributors.

SCAN ME

Celine Lu, Jacinto Silva & Shannon Dorsey, *University of Washington*

Funding was provided by the **Washington State Division of Behavioral Health and Recovery** and the **UW Office of the Provost**.