



Grief, Exhaustion, and Finding Vitality in Behavioral Health Care for Staff

Highlights & Key Concepts

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Summary Ideas:

The COVID-19 pandemic and other instances of grief and loss increase our collective stress.

- Behavioral health care staff can manage stress and process grief by discussing their personal and professional experiences of loss, grief, and exhaustion, to find vitality again.
- Processing grief and exhaustion includes both informational and emotional processes.

Processing grief isn't linear. Use the HEAL model to guide you through the process of grief and loss.

- **Honor.** Honor the loss, such as by participating in rituals and ceremonies; or by journaling, sharing stories, and reflecting on memories.
- **Express.** Express your emotions and allow yourself to feel deeper emotions like fear and sadness.
- **Acknowledge.** Acknowledge the loss and the obstacles preventing you from healing.
- **Live.** Living means starting with breathing and acknowledging that some days, all you can do is make it through the day; over time, grow from just surviving or existing to more active living.

Questions & Responses:

Q1 *How can frontline staff who work in behavioral health and crisis management (e.g., case managers, peers, therapists) avoid exhaustion and burnout?*

A1 It is important to understand your own capacity and limits in the workplace, especially for those working in behavioral health and crisis management. It is okay to accept that some work tasks simply won't get completed. Give yourself permission to take a break and refresh yourself before getting back to the task. Other ways to cope with burnout include setting boundaries and taking time off work.

Q2 *When do we experience grief?*

A2 When people think of grief, they often assume that grief springs chiefly, if not exclusively, from the death of a loved one. However, there are other kinds of grief that can come from other life events such as financial loss, social isolation, and systemic racism. Grief can also stem from a sense of loss of security and safety.

Q3 *What are some common experiences grieving people have?*

Grieving people commonly experience:

A3

- Awareness that someone is missing, or something is different, even during supposedly happy experiences.
- Difficulty with superficial social interactions, such as small talk at an event
- Emotions happen on their own timeline, including tears.
- Grief comes in waves, and a person might feel okay at some points but very overwhelmed with sadness at other points.

Q4

What are some considerations when working with a grieving client, or when someone you know personally is grieving?

Some key considerations whether you are engaging with a grieving person professionally or personally include:

A4

- Facilitate problem-solving and decision-making to prevent impulsive or risky decisions. Let them know it's fine to postpone key decisions and revisit ideas.
- Brainstorm new ways of coping if traditional strategies aren't possible (e.g., suggest a video chat with family instead of an in-person gathering).
- Offer a specific, concrete task such as childcare, errands, or cooking a meal rather than putting the onus on them to tell you how you can help.
- Avoid putting the grieving person in a position to support you; don't ask them to help with your own distress.
- Help the person identify what has helped them in times of great distress or difficulty in the past.
- Utilize active listening: ask open-ended questions and demonstrate with your body language and attentiveness that you are paying attention.
- It's okay to ask directly about their loss, or to ask if they're okay speaking about their loss. Don't avoid speaking about what has happened.

Q5

What is the HEAL Model and how can it be applied when someone is grieving?

The HEAL Model is a tool to guide you through the process of grief and loss. The HEAL model acknowledges that there is no right or wrong way to process grief. Processing grief isn't linear: it is common for people to go back and forth through the process before arriving at a place of peace and acceptance. The model's components are:

A5

- **Honor.** Honor means that instead of avoiding the loss, you honor the loss by participating in rituals and ceremonies or by journaling, sharing stories, and reflecting on memories.
- **Express.** In the process of healing from grief, it is important to allow yourself to express your emotions and allow yourself to feel deeper emotions like fear and sadness.
- **Acknowledge.** To heal from a loss, you must acknowledge the loss and the obstacles preventing you from healing, as acknowledgment tends to reduce or remove those internal barriers.
- **Live.** Living means starting with breathing and acknowledging that some days, all you can do is make it through the day. Then, as the healing process continues, it is important to focus on life and active living rather than just surviving or existing. There is no specific time frame for this.

Q6

Does the HEAL model apply to all kinds of losses?

A6

The HEAL model works for a broad range of losses, from the death of a loved one to losses such as loss of identity, safety, security, or meaning. The model focuses on the process of

grief and helping people through it, rather than comparing or ranking the kinds of loss we can experience.

Q7 *Many of us have faced grief and loss due to COVID-19 and other life events. How might a personal experience of grief, loss, or bereavement impact our professional work, especially in our third year of this pandemic?*

A7 At this point in time all of us have experienced some type of grief in our lives. Any loss that we may experience is likely to touch on a deeper loss that has been building over the past two years. This can affect our ability to remain neutral in certain moments, or to remain objective when working with clients.

Q8 *How do issues of equity and inclusion affect grief and vitality for front line staff doing direct services?*

A8 There are three things that need to come into consideration when looking at disaster in a behavioral health functioning: privilege, marginalization, and discrimination. Being aware how these three concepts impact us and our work can help start the collective recovery with others. When we can collectively recover with each other, this can build resource sharing and create resilience.

Resources:

- [Related webinar recording and slides](#) from the Northwest MHTTC
- [Washington State Department of Health behavioral health resources](#)

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