

Mental Health Among Frontline Workers During the COVID-19 Pandemic

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Table of Contents

Abstract..... 4
Introduction *Error! Bookmark not defined.*
Needs Assessment..... 7
Literature Review 8
Plan and Process..... 11
Guiding Model and Framework..... 14
Implementation 15
Personal Education 20
Project Evaluation..... 22
Discussion and Impact 23
Conclusion 26
References..... 27
Appendix A..... 32
Appendix B..... 38
Appendix C..... 39
Appendix D 46

Abstract

Leadership from a local nonprofit organization serving families in Marion County, all of whom face numerous disparities, identified a need for mental health services for their frontline workers during the COVID-19 pandemic. Surveys were distributed to employees were used to investigate the impact this pandemic has had on their occupation, their confidence in managing mental health concerns, and areas of interest based on current in-place structures. Weekly in-services were conducted based on these results. Improvements were observed in exit surveys and feedback; participants reported positive attitudes towards the in-services they attended, desires for future in-services, and that the in-services addressed their desired focus areas. These findings suggest that programs and protocols that prioritize mental health in the workplace have a positive effect on perceived mental and physical health as well as confidence levels in addressing mental health at this site.

Keywords: frontline workers, mental health, workplace, nonprofit, COVID-19

Mental Health in Frontline Workers During COVID-19 Pandemic

The U.S. Department of Health and Human Services (1999) defined mental health as the “state of successful performance of mental functions, resulting in productive activities, fulfilling relationships with people, and the ability to adapt and cope with adversity” (p. 4). It also involves the subjective sense of emotional and occupational wellbeing (Mile et al, 2010). Neglect of mental health promotion can negatively impact the health of an individual and the health of an organization (Center for Disease Control and Prevention, 2020).

Exhaustion, burnout, and compassion fatigue are realities that community volunteers and workers face on a daily basis. In the current COVID-19 pandemic, those working to provide service through this local nonprofit community site are challenged with additional stressors that affect their overall wellbeing. To counter this issue, a literature review was conducted to analyze evidence-based practices that promote resilience with a focus on mental health and self-care. Resilience was assessed both at the individual level as well as the community level, with a focus on the latter.

Compassion fatigue is the stress that individuals experience due to exposure to other traumatized individuals (Cocker & Joss, 2016). It presents as “exhaustion, anger and irritability, negative coping behaviors including alcohol and drug abuse, reduced ability to feel sympathy and empathy, a diminished sense of enjoyment or satisfaction with work, increased absenteeism, and an impaired ability to make decisions and care for patients and/or clients” (Cocker & Joss, 2016).

Burn-out is defined in the International Classification of Diseases – 11 as “a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions: feelings of energy depletion or exhaustion,

increased mental distance from one's job, or feelings of negativism or cynicism related to one's job, and reduced professional efficacy ("Burn-out an "Occupational Phenomenon": International Classification of Disease", 2019).

In both of these phenomena, exhaustion, poor health outcomes, and reduced productivity are all concerns. This can negatively impact the individual, their families, the organization, as well as those they serve. Furthermore, this may affect the relationships within the organization's dynamics and may hinder an organization's potential to offer a higher level of care. By serving a high-need and high-risk population in midst of a pandemic, those working through this local nonprofit community site are exposed to higher levels of stress and are at a higher risk of experiencing these issues.

In the past five years, this local nonprofit community site has served over 8000 families in the Marion County area that have been challenged with many disparities; 27% of its residents complete high school and only 18% attend some college, had a high crime rate, median household income of \$25,000, 40% of the households made less than the median household income, and 26.8% of families with children less than 18 years of age were below the poverty level. The demographics are as follows: 96% African American, 3% Multi-Racial, 1% White, 80% are Single Females with children, 100% are 200% below the level of poverty, 77% between the ages of 21 and 40, 97% unemployed or underemployed, 92% rent or are technically homeless, 62% utilize public transportation or walk, 69% have a negative net income and net worth, and 88% have a credit score under 600 (Deputy Director, personal communication, March 5, 2021). To meet the vast needs in this community, this local nonprofit community site has 38 employees; however, these employees currently do not have access to mental health services to address the demands of their job.

This project's focus area was to develop a program to address the mental health concerns at this local nonprofit community site. This includes education on mental health and advocacy for services that address stress, anxiety, job-related ergonomics, and communication to enhance their participation in the occupation of work.

Needs Assessment

Prior to the start of this project, a needs assessment was performed. Through informal interviews and observations of the occupational demands on-site, common themes arose: mental health, ergonomics, communication, stress, and anxiety all impacted participation. However, there were no services available to accommodate the need to address these concerns. As such, the participants are the staff on-site at this local nonprofit community site. Specifically, seminars focused on the Center for Working Families staff.

Interviews identified several barriers to consider: limited funding to dedicate to this project, no mental health training available at the start of this project, no established mental health services have been offered at this site, time constraints due to occupational responsibilities, and varied technological confidence among the this local nonprofit community site staff. The proposed program needed to accommodate these barriers.

Additionally, strengths of the site must be considered. Site staff have an awareness of the need for mental health promotion. Currently, they have started the development of mental health services by pursuing funding for necessary resources. Through years of experience and motivation, the staff have a drive for innovatively finding solutions to any obstacle. Most importantly, the staff take tremendous pride in their work. Their lived experiences provide wisdom, unique perspectives, and a diverse set of skills. The utmost respect is required to adequately and appropriately serve this community.

As workers in other settings may have similar concerns regarding mental health, especially in the nonprofit community during times of pandemic where there is a minimal body of literature, the findings and resources of the project may serve useful in addressing mental health in their own workplaces. The broader impact on society is to raise awareness, educate, as well as provide specific recommendations that can be feasible implemented promptly.

Literature Review

To start a literature review, student searched databases such as OTSEEKER, EBSCO, and ProQuest. Search terms included mental health, community mental health, nonprofit, worker mental health, resilience, burnout, compassion fatigue, and so on. All articles are peer-reviewed. For the most recent research, student first limited search to within the past five years, going back as needed, and selecting relevant articles to review. Once this process was exhausted, student researched specific recommendations and interventions that aligned with the recommendations in the literature.

Individual

Resilience is the ability to adapt to major life changes. This includes any “adversity, trauma, tragedy, threats, or significant sources of stress” (“Building Your Resilience”, 2012). This skill can be trained and strengthened through four main principles: building connections, fostering wellness, finding purpose, and embracing healthy thoughts (“Building Your Resilience”, 2012). In building connections, focus on prioritizing relationships or joining a group that can provide social support; fostering wellness entails taking care of your body, mindfulness, and avoiding negative outlets; to find purpose, help others, take a proactive mindset, work towards your goals, and look for opportunities for self-discovery; to embrace healthy thoughts, learn to accept change, maintain a hopeful outlook, and learn from your past (“Building Your

Resilience”, 2012). However, it is important to remember that asking for help is also a sign of strength. In circumstances when a person is experiencing too much to handle on their own, they may need to seek professional help to receive the care and support they need.

Another aspect of resilience is building self-efficacy through mastery. According to Brown et al (2019) “mastery is the strongest and most enduring source of self-efficacy” as successful experiences promote increased belief in self (p 368). To ensure mastery is achieved, all in-services and training were graded to meet the individual’s needs.

Community

Evidence at the community level focused on creating a sense of security and support among volunteers. A major theme was community leaders who provided strong leadership through actions that convey volunteers are valued, their wellbeing is a priority, and their concerns are valid and heard were more successful in creating a caring and healthy work culture.

When volunteers work in a traumatic environment, such as in a pandemic, and are further exposed to risks from the public, there is a greater need for a sense of safety and support from organizational leaders (Thormar et al., 2012). During these stressful times, continued education and the practice of debriefing can prevent compassion fatigue by helping volunteers process and cope with experiences (Kinzel & Nanson, 2000). Furthermore, there needs to be a distinct effort towards providing dedicated support to volunteers proactively rather than reactively (Quevillon et al., 2016). Lastly, volunteers need the opportunity to build intrinsic motivations, such as life satisfaction, and focus on their social support to prevent burnout and help them remain positively connected to the organization (Huynh, 2019; Moreno-Jiménez & Villodres, 2010).

Kinzel et al (2019) developed a smartphone Biofeedback-Assisted Resilience Training protocol aimed to focus on the mind-body connection was helpful in practicing slow, paced

breathing and monitoring heartrate to self-manage calm and stressful mental states. Joyce et al (2018) implemented an internet-based resilience-training program that increased resilience scores in the workplace. This program focused on mindfulness, stress management techniques, and real-world problem-solving scenarios. Van Agteren et al (2018) implemented psychological skills training which significantly increased resilience of participants. These skills included meaning making, event-thought-reaction connections, “what’s most important” reflections, balance thinking, cultivating gratitude, mindfulness, interpersonal problem-solving, active constructive responding, capitalizing on strengths, and values-based goals.

Furthermore, resilience can be built through strengthening ties within the community itself. IJntemam et al (2019) stated that resilience-building has shifted focus from an individualistic perspective to a more global view of ways to “enable people, teams and organizations to sustain high levels of performance in challenging and difficult circumstances” (p. 204). With this shift productivity, wellbeing, and engagement were increased. Personal mental health and subjective wellbeing were also reported to have improved. Pollock et al (2019) found four key themes promoted community health resilience, especially in times of disaster: maintaining continuous and effective communication with year-round network building, establishing “predisaster” relationships that value the need for planning for communities’ unique needs, providing relevant education and training, and building an integrated rapid response system. Robertson et al. (2015)’s systematic review resulted in a 12-criteria checklist for successful resilience-building programs: specific population, need, specify definitions/terms, display/explain adaptive process regarding adversity, measurable resilience, dynamic process, specifies positive adaptation, specifies adversity, specifies context, timeline, clear starting point, and clear purpose of work.

Harvey et al. (2014) proposed strategies within six domains that organizations can focus on to promote mental health: “designing jobs and managing work to minimize harm...promoting protective factors at a team and organizational level to maximize resilience...enhancing personal resilience at work... promoting and facilitating early help-seeking...supporting workers’ return to work and recovery from mental illness...increasing awareness of mental well-being and mental illness, as well as reducing stigma and discrimination” (p. 51).

The Gap

Though the literature provides general guidelines to address mental health at the individual and community level, there remains a gap in a comprehensive mental health protocols within the workplace of frontline nonprofit workers in the midst of a pandemic from the occupational standpoint. This is a novel topic within the literature. This project aims to add to the body of literature and help to close that gap.

Plan and Process

Prior to the start of the capstone experience, student devised a student learning plan and presented this to the site mentor, faculty mentor, and capstone coordinator. All involved parties read, approved, and signed the student learning plan. The primary area of focus included resilience, self-care, and mental health in community workers. Student, site mentor, faculty mentor, and capstone coordinator roles and responsibilities were outlined to establish agreed upon expectations.

The student learning plan outlined three core curricular threads: socially responsive health care, critical inquiry and reflective practice, and leadership and advocacy. Student learning objectives were outlined to correspond with each of these curricular threads:

1. Student will provide client-centered, inclusive, and research-informed care to collaborate with and serve this population. Student will conduct interviews, make adjustments based on feedback and suggestions, and use evidence-based practice (EBP) to back all protocols that are accessible to this community.
2. Student will conduct research of current literature for evidence-based practices to make informed decisions that improve and expand the delivery and quality of services to clients on-site. Student will use this information to create seminars and protocols to improve clients' resilience, self-care skills, and overall mental health through evidence-based seminars and protocols.
3. Student will develop and lead seminars to promote health, well-being, and quality of life (QOL) within this population. Student will advocate for the value of these services, their role in improving resilience, and how it improves volunteer/staff's ability to serve the community.

The student developed three project goals with each including additional objectives to determine whether goal has been met:

1. **Project Goal 1:** Student will assess the needs and interests of the site.
 - a. Objective 1: Conduct interviews and distribute surveys to volunteers/staff for needs assessment.
 - b. Objective 2: Conduct research on concerns/interests brought up by volunteers/staff.

Objective 3: Collaborate with volunteers/staff to create and present information in seminars.

2. **Project Goal 2:** Student will conduct seminars and training sessions that focus on resilience, self-care, and mental health.
 - a. Objective 1: Conduct research to create EB seminars/protocols that meet concerns and needs of volunteers/staff.
 - b. Objective 2: Train volunteers/staff to implement protocols/suggestions within seminars.
 - c. Objective 3: Create a grant proposal to fund future training expenses to meet the changing needs of the community.
3. **Project Goal 3:** Student will develop deidentified surveys to assess effectiveness of program implemented.
 - a. Objective 1: Collaborate with volunteers/staff to identify measures.
 - b. Objective 2: Create and distribute surveys to collect data.
 - c. Objective 3: Assess data and make adjustments throughout program.

The capstone experience was 14-weeks and required 560 hours total time spent on the project. Open communication was maintained in order to meet both site and student needs. Week one, student oriented to site, met with key stakeholders, and finalized project process. Weeks two through six, participants were recruited and evaluated; student collaborated with site throughout process of data collection, research, and creation of seminar materials. Week seven, site mentor and student held midterm evaluations to assess progress. Weeks eight through twelve, program was implemented; student presented seminars during staff meetings and adjusted to feedback as necessary. Weeks thirteen through fourteen, student collected outcome measures and analyzed data to debrief site; additional training and educational materials were provided as needed. Each

week consisted of a protocol serving as general guidelines for the flow of the sessions (see Appendix A).

Guiding Model and Framework

One model and one framework guided the decision-making and implementation process of this project. The model utilized was the Person-Environment-Occupation-Performance (PEOP) model as it outlines how to improve a person's ability to engage in meaningful occupations and roles in their life. This model helped to analyze how the person and their intrinsic factors, the environment and its extrinsic factors, the occupation, and the performance all interact (Christiansen et al, 2005). These factors determine outcomes such as well-being, quality of life, occupational performance, and participation (see Appendix B). At this local nonprofit community site, factors such as common-held beliefs, psychological stress, ergonomics, technology, the jobs on site, and the impact of performance of the jobs influence health outcomes. Most importantly, this model has a focus on forming a partnership between the therapist and the client in order to facilitate overall health and function, an important aspect and the heart of this project (Christiansen et al, 2005).

The framework utilized was the Framework for Workplace Mental Health, which emphasizes specifically on the importance of mental health within occupation (see Appendix B). This model proposed four key areas to address: leadership, job design, job future, and organizational culture (Kirsh & Gewurtz, 2012). Leadership called for authentic leadership; job design included job content and workload, choice and control, role ambiguity and conflict, physical environment, work schedule and flexibility, and reward system; job future included career development and job security; organizational culture included communication,

participation, organizational fairness, social support, and psychological health and safety (Kirsh & Gewurtz, 2012).

The areas balance the needs of both the organization as well as the individual by encouraging that resources are allocated to promoting care of employees through policies, education, and protocols.

Implementation

Interventions can be divided into two categories: individual-level interventions that addressed what the individual can implement to address their mental health needs and community-level interventions that addressed actions that the organization can build into its existing infrastructure.

Participants were chosen from the following criteria: employee at this local nonprofit community site, available for weekly in-services, in a position to share knowledge and skills gained from in-services with the rest of this local nonprofit community site's staff, and participation would not create an additional burden to daily operations. Social distancing and sanitization guidelines were also considerations in designing this program. Of the 38 possible candidates, 5 individuals were chosen by Deputy Director to participate in this program. In-services were created with adult learning theories as guide that favor self-directed and experiential learning concepts rather than lecture-style presentations to meet the needs of the population (Knowles, 1975; Mcleod, 2017). Weekly protocols were created as guidelines for the flow of the in-services, guiding questions and activities were created to encourage participation, and infographics were provided for participants' reference (see Appendix A and C). Participants were offered voluntary Zoom meetings with student on an appointment basis.

Individual Level

At the individual level, interventions focused on actions that the individual can execute independently. To ensure evidence-based practice, the literature was referenced for applicable interventions in addition to the initial literature review. There are three main areas of individual-level mental health to address: physical techniques, relaxation techniques, and cognitive-behavioral techniques. Physical techniques involve desk and lifting ergonomics as well as stretches to decrease the strain experienced by the staff from the physical demands as well as attending to sleep hygiene to improve the quality of occupational participation (Shariat et al, 2018; Tester & Foss, 2018) Relaxation techniques involve breathing techniques, progressive muscle relaxation, and mindful meditation to manage stress and anxiety from the emotional and mental demands of their jobs (Fjorback et al, 2011; Jerath et al, 2015; Rausch, 2006). Cognitive-behavioral techniques involve assessing thoughts and emotions from different viewpoints to better understand them, how they influence behavior, and how to make any changes necessary (Hofmann et al, 2012). Three educational seminars were presented to the staff. These initial seminars focused on mental health at the individual level. Infographics were provided during each session for participants to reference (see Appendix C). General simplified guidelines were provided for easy adoption of skill.

Mental Health

First, mental health was defined. Student invited participants to offer what mental health means to them as well as provided a technical meaning of mental health from the literature. This established mutual understanding and a working definition of mental health specific to the site and its staff. Then, the benefits of mental health promotion and the repercussions of neglecting mental health within the workplace were discussed.

Ergonomics

Ergonomics was defined in context of the participants' job responsibilities. With the staff, it was the demands of desk work, how proper station setup benefits them physically, and how this in turn affects their mental health. Recommendations included: adjust the computer monitor to be at arms-length, adjust the top of screen to be at eye-level, adjust the screen to tilt upward, relax shoulders, keep elbows parallel to the floor, use armrest if needed, keep back straight, make sure to have lower back supported, use back cushion if needed, keep thighs parallel to the floor, keep feet flat on the floor, and use a footrest if needed. Demonstrations and return-demonstrations were performed to ensure understanding.

Stretches and Promoting Movement

The importance of stretches and movement were discussed in context of how the individual's occupations put stress on their body. For the staff it involved the demands of desk work. Simple and quick stretches were provided for staff to select based on their needs with an emphasis on gentle movements.

For hands: make a fist then open the hands and spread the fingers. For wrists: stretch arms out in front, move wrists up and down, move wrists side-to-side, and moves wrist in a circular motion. For the neck: look left then look right, look up then look down, bring left ear to left shoulder, bring right ear to right shoulder, and move head in a circular motion. For the back: straighten the back and reach arms upward; bring shoulders back and downward. Other gentle full-body movements were suggested for exploration as the site has a group fitness class on weekends.

Sleep Hygiene

Sleep hygiene was defined and the importance highlighted. General guidelines were provided: establish bedtime routines; positioning and using pillows, blankets, and different

sleeping positions to assist sleep; recommended seven to nine hours of sleep and work towards consistency; and the use energy conservation for days when the optimal amount of sleep was not met: sitting when possible, simplifying tasks, and taking breaks.

Relaxation

Student invited participants to discuss the importance of relaxation and strategies they have used. Examples were prepared for participants to try along with instructions to follow: creative expression, breathing techniques, progressive muscle relaxation, and mindful meditation.

Creative Expression. Participants were encouraged to find ways to express their creativity through hobbies they enjoy. Recommendations included, writing/journaling, arts and crafts, music, or even looking at a checklist to try something new.

Breathing techniques. Participants discussed the benefits of breathing techniques in calming the body and the mind. Several breathing techniques were provided. Student guided participants through each. For the 4-7-8 technique: Inhale for 4 seconds, pause for 7 seconds, exhale for 8 seconds. For the Pursed Lip Breathing technique: Inhale deeply through nose, Pause, and exhale through Pursed lips. For the Diaphragmatic Breathing technique: Inhale deeply, relax muscles in stomach, then exhale using stomach muscles to push out air. To promote a mind-body connection, participants were encouraged to pair breathing with movement and meditation.

Progressive Muscle Relaxation. Participants were instructed to start at their feet and move upwards towards their calves, thighs, hips, back and stomach, hands, arms, chest and shoulders, neck, and face. Each area participants were instructed to squeeze those muscles and hold for 10 seconds. Then, they were signaled to slowly relax muscles and to take a moment to

feel the difference before moving onto the next area. Cues to breathe deeply and slowly were provided.

Mindful meditation. Student defined mindful meditation and participants discussed the benefits of this technique in calming the body and the mind as well as connecting with thoughts and emotions. General guidelines were provided and participants were encouraged to try this technique where they feel comfortable. Find somewhere without distractions: can be quiet, use music if preferred; Relax: can be sitting, standing, laying down, or even moving. Notice one's thoughts and feelings: practice nonjudgement and let them move on naturally. Practice and pair meditation with movement if preferred.

Cognitive-Behavioral Techniques

Student defined cognitive-behavioral techniques and how they are effective in understanding thoughts, emotions, behavior, and social communication. Specific examples of cognitive behavioral techniques were provided: TIK-TOK, Affirmations, Thought Record, and ABC. General guidelines were discussed for participants to personalize these techniques

Community-Level. Two additional seminars were dedicated to assessing mental health at the community level. The framework for workplace mental health was presented along with general strategies to consider. To ensure evidence-based practice, key themes and information from the literature review was referenced. Site and student then collaboratively identified what strategies were already in place, what areas need to be addressed, and what strategies the site feels are feasible to meet these needs. Session focused on open-communication, problem-solving, focusing on strengths rather than weaknesses, and the staff's expertise in their occupation. This was accomplished through a strength, weakness, opportunities, and threats analysis (SWOT). Student then organized all materials for this local nonprofit community site to

archive (see Appendix C). A final seminar was held for exit survey, feedback, and questions (See Appendix D).

Personal Education

To best advocate for and serve the staff, student conducted additional research into areas that were relevant topics that arose throughout the program implementation. These areas included COVID-19 vaccine education and advocacy, racial trauma, and healthcare of the black/indigenous/people of color (BIPOC) community. The information assisted student to better address these concerns as they affect the participants' occupational participation, opportunities, and wellbeing.

Historically, the BIPOC community has faced race-based discrimination that resulted in inequality, harm, and trauma (Comas-Diaz et al, 2019). The resulting race-based stress can present as “depression, anger, recurring thoughts of the event, physical reactions, hypervigilance, low-self-esteem, and mentally distancing from the traumatic events (Mental Health America, 2020). Notable factors that contributed to implicit bias, systemic racism, and the continuation of this prejudice include segregation, education, and biomedicalization. Segregation created communities riddled with “poverty, social disorder, and social isolation” with limited resources, limited transportation, and increased risk of exposure to harmful environments (Farmer & Ferraro, 2005; Massey, 2004, p. 7-9). Furthermore, segregation led to reduced educational opportunities. Jacoby-Senghor et al (2016) found teachers demonstrated implicit preferential treatment towards White students, resulting in poorer outcomes for ethnic students. This further limited opportunities for higher education, higher paying jobs, and access to resources that are essential to addressing socioeconomic status (Conrad & Leiter, 2012). These factors contribute to poor access to healthcare, poor housing conditions, and unsafe neighborhoods result in poorer

overall health outcomes in minority groups (Carreon & Baumeister, 2015; Farmer & Ferraro, 2005).

Additionally, implicit bias hinders quality of care, treatment options, even medical documentation (Van Ryn & Fu, 2003). As such, these occupational injustices set up this community for poor health-related quality of life. These factors directly affect the treatment and interactions of BIPOC patients by medical professionals, hinder trust between patient and healthcare providers, and most importantly impairs the quality of care offered to the BIPOC community. Furthermore, to gain insight into representation in healthcare, student attended the play “Black Voices in OT” that highlights anti-racism efforts in occupational therapy from the perspectives, stories, and lived experiences of the black community (Phoenix Theatre, 2021).

To offer trauma-informed care, student ensured use of SAMHSA’s six core principles of trauma informed care within the workplace: “safety, trustworthiness and transparency, peer support and mutual self-help, collaboration and mutuality, empowerment/voice/choice, and cultural/historical/gender issues” (US Department of Health and Human Services, 2014, p. 10).

As concerns surrounding COVID was a primary topic, student remained up-to-date on regulations and education of vaccines to address participants’ questions and interests with information provided by the Center for Disease Control and Prevention (CDC). Three COVID vaccines were available: Pfizer, Moderna, and Johnson & Johnson; each have different age restrictions, number of shots, timespan between shots, and timeframe of when patients are fully vaccinated (“Different Vaccines”, 2021). Much like traditional vaccines, the mRNA vaccine also encourages the body to provide an immune response; however, the mRNA utilizes a benign “spike protein” rather than the virus itself (“mRNA Vaccine”, 2021).

When concern arose from recent clots associated with the Johnson & Johnson vaccine. Student provided CDC recommendations to seek urgent medical care if patient developed any of these symptoms: severe headache, backache, new neurologic symptoms, severe abdominal pain, shortness of breath, leg swelling, tiny red spots on the skin, or new or easy bruising (“J&J Update”, 2021). If patient has a history of clots or are on any medications that increase the risk of clots, pharmacist Tracy Newman, RPh, recommended patients to “be vigilant in identifying these symptoms” (T. Newman, personal communication, April 12, 2021).

Student remained aware of age restrictions, vaccination opportunities, answered relevant question from research, professional opinions of pharmacists, experience as a pharmacy technician, as well as advocated for continued adherence to CDC guidelines. Most importantly, student remained informed on social justice issues within the community that may affect this population.

Project Evaluation

Standardized assessments were determined to be inappropriate; as they were created to detect mental illness, they may not be sensitive enough to detect mental health areas of concern for this local nonprofit community site staff. As such, a self-report survey was more applicable for this population.

Data was collected in the form of an initial and exit surveys. Survey responses were anonymous to mitigate the risk of demand characteristics and to create a safe atmosphere for honest answers. Furthermore, due to the workload and stress already experienced by the staff, the survey was made short and simple to reduce introducing additional unnecessary stress. The survey consisted of 27 questions that used a Likert scale with one corresponding to never and five to very often. (see Appendix D). An additional open answer question was included for

survey responders to provide any additional topics they wish to address during the initial survey and another for responders to provide feedback in the exit survey. The survey was a combination of questions created by the student and questions adapted from several existing assessments. Questions covered four main areas of focus: stress, ergonomics, communication, and sadness. Specific questions were prioritized and chosen to gauge overall themes; questions that were too similar were not included in the survey.

An exit survey provided important insight into perceived skills, attitudes, perceptions, and current mental health status before the implementation of the project. This also served to guide and prioritize what topics were explored based on the areas of need. An exit survey provided an outcome measure for the student and site to reflect on the overall impact of the program. This is an opportunity to evaluate what was successful, what could be improved upon, and what did not work for the site's specific needs.

After the data was analyzed, the site was debriefed. After discussing the outcomes, program changes, additional training, and steps for continued implementation would be determined.

Discussion and Impact

The first portion of the survey measured self-reported perception of how the program addressed anxiety/stress, communication, and physical demands while the second portion measured self-reported confidence in how to address these areas. Scores were analyzed as a group for each question. In the first portion, greatest improvements included areas of understanding of others during conversations, participation in conversations, nervousness/stress, and strain working at desk. In the second portion, perceived confidence in communication, ergonomics, and this local nonprofit community site's ability to prioritize staff physical and

mental wellbeing improved. The greatest improvement in confidence was in reported understanding of ergonomics. Confidence in managing anxiety, stress, and sadness remained unchanged (see Appendix D).

Overall, there was a general improved satisfaction in the program's addressment of both self-reported anxiety, stress, communication, and physical demands as well as confidence levels in how to address these areas of the participants as a group. The information and data collected adds to the body of literature, the results provide a promising outlook into future research endeavors, and the protocol can be used to personalize other mental health programs in other workplace settings.

Sustainability Plan:

Several steps were taken to ensure the sustainability of this program. Opportunities for hands-on learning and training with a strong presence from the site's leaders were provided. This approach provided opportunities for participants to reach mastery in a safe and controlled environment. The goal was to ensure that the student's role was to educate and coach participants and build self-efficacy to eventually phase out the need for the student. These leaders can apply what they have gained and share this knowledge with the rest of the site.

Another aspect of sustainability is the resources created specifically for the site. Infographics, presentations, and the literature used to create this program will all be provided as educational materials for reference. These materials also serve as a foundation; many other areas of need were discussed. However, due to the nature of this project, limitations had to be placed. Future research and programs can build on the material created in this project to meet additional needs of the site.

Furthermore, grants have been pursued for additional resources in the future. Prior to the start of this capstone, this local nonprofit community site had already recognized the need for mental health services onsite. In addition to the materials provided in this project, the grants obtained will be dedicated to further education, training, and designated mental health services to community and staff.

Lastly, further areas to explore were discussed throughout the length of the program, in their feedback at the end of the program, and through the SWOT analysis (see Appendix C). The information gathered serve as opportunities for future research opportunities.

Limitations

Though the literature has been insightful, there was a general consensus that more research is needed to investigate community mental health. There lacks consistency in definition of terms, measures, and follow-up to assess the long-term benefits of resilience-based programs. Most research evaluated workplace health and not specifically volunteer health, which may pose an issue as these populations are inherently different. To create a resilience-based program, implement it, and determine whether it has merit there needs to be more comprehensive and standardized studies conducted.

Though the results from the surveys are valuable, the feedback group was small and the program was highly personalized to the specific site. Possible confound variables may have stronger influence in such a small sample. Student recommends a larger sample size, increased frequency of on-site activity, and a longer program period to produce a more representative data set. Furthermore, objective data may be beneficial in measure whether participants gained knowledge and skills.

As this project took a generalized look into mental health and the impact of ergonomics, stress, anxiety, and communication, the field of mental health would benefit from further research into each of these areas of need. Future research would also benefit from an interdisciplinary assessment of the needs of this local nonprofit community site from multiple specialized perspectives. Recommendations include fields such as psychology, physical therapy, dietetics, and medicine.

Lastly, future research should seek opportunities to create a hybrid program that offers both lecture-style presentations as well as in-service practical applications. Though student focused on practical applications to meet the needs and learning style of an adult population as well as to reduce cognitive load, feedback suggests that the site staff would benefit from lecture-style presentations as well to further their professional development.

Conclusion

During this COVID-19 pandemic, staff at this local nonprofit community site have experienced increased amounts of stress. This stress makes them more vulnerable to exhaustion, compassion fatigue, and burnout. By implementing a program and protocols that promote resilience for their volunteers and staff, this local nonprofit community site will have additional resources to strengthen their community's overall health outcomes. To provide the best evidence-based recommendations, individual and community level strategies need to be implemented. By implementing a program and protocols to address these mental health needs, this local nonprofit community site now has valuable reference material to continue their occupation of making a positive impact on their community.

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Appendix A



SCHOOL OF HEALTH AND HUMAN SCIENCES
**DEPARTMENT OF
OCCUPATIONAL THERAPY**

Student Learning Plan for the Doctoral Capstone: Experience and Project

OTD Capstone Student: Phuong Nguyen

Primary Area of Focus: Resilience, self-care, and mental health in community volunteers/staff
Secondary Area of Focus (may or may not have this secondary area):

OTD Capstone Student Roles and Responsibilities:

- *Being **self-directed** throughout the entire doctoral capstone process including; developing, planning, and completing the capstone experience and project*
- *Working collaboratively with the site mentor and capstone coordinator/faculty to create individual learning objectives for the doctoral experience that are in alignment with the OT Program student outcomes*
- *Working collaboratively with the site mentor and capstone coordinator/faculty to create specific goals and objectives for the capstone project*
- *Completing a needs assessment, literature review, and evaluation plan that aligns with the curriculum design prior to the start of the capstone experience*
- *Collaborating with the site mentor on a plan for mentorship*
- *Ensuring that the Student Learning Plan (or Memorandum of Understanding MOU) is collaboratively developed and signed by student, site mentor, faculty mentor, and capstone coordinator*
- *Obeying all policy and procedures of the facility unless exempted, including prompt notification of absences*
- *Fulfilling all duties and completing all assignments made by the site mentor, unless exempted, within the time limit specified*
- *Completing all assignments per T880 and T830 course syllabi including; bi weekly on-line discussions, synthesizing knowledge as demonstrated by completion of a midterm and final capstone report, and at minimum dissemination of project at the IU OT Doctoral Capstone Presentation Forum*
- *Completing 560 hours during the 14 week doctoral experience and documenting these hours on CORE; at least 80% onsite, all absences must be made up*
- *Evaluating the site mentor and site to help continue to improve educational outcomes*
- *Keeping open lines of communication with the site mentor, faculty mentor, and doctoral capstone coordinator*

Site Mentor Roles and Responsibilities:

- *Providing expertise in the student's area of focus (**the site mentor does not have to be an OT**)*
- *Providing resume to IU to verify expertise*
- *Providing orientation to the site, site personnel, and stakeholders*
- *Collaborating with the student to develop individual learning objectives for the DC experience and specific goals*

and objectives for the DC project

- *Evaluating the student at the midpoint and the conclusion of the DC experience*
- *Working collaboratively with the student on developing a plan for mentorship and providing mentorship to the student as agreed upon in the Student Learning Plan (MOU)*
- *Verifying student hours completed on CORE*
- *Notifying the doctoral capstone coordinator if problems arise and collaborate with the student, doctoral capstone coordinator, and faculty Mentor on plan of correction*

Faculty Mentor Roles and Responsibilities:

- *Collaborating to ensure the DC experience and project is consistent with the IU OT Program Curricular design*
- *Collaborating with the student and capstone coordinator to ensure the Student Learning Contract is developed and includes; individual student learning objectives for the DC experience and specific goals and objectives for the DC project*
- *Grading the midterm and final capstone report*
- *Keeping in bi-weekly contact via an on-line discussion board during the DC experience*
- *Providing feedback during the final DC experience and project presentation and poster presentation development*
- *Collaborating with the site mentor as needed*
- *Being available to the student as a resource and consultant*
- *Notifying the doctoral capstone coordinator if problems arise and collaborate with the student, doctoral capstone coordinator, and site mentor on plan of correction*

Capstone Coordinator Roles and Responsibilities:

- *Ensuring the DC experience and project is consistent with the IU OT Program Curricular design*
- *Ensuring a contract is signed between IU and each site*
- *Working collaboratively with the student to create individual learning objectives for the doctoral experience that are in alignment with the OT Program student outcomes*
- *Collaborating with the student to ensure completion of the Student Learning Contract is developed and includes; individual learning objectives for the DC experience, specific goals and objectives for the DC project, plan for mentoring, and is signed by all appropriate parties*
- *Educating faculty mentors and site mentors on roles and responsibilities*
- *Ensuring the length of the DC Experience is 14 weeks (560 hours) and that no more than 20% of the time is completed outside the mentored practice setting*
- *Being available as a resource and consultant to the student, site mentor, and faculty mentor during the doctoral capstone experience*
- *Reviewing resumes of the site mentors to ensure expertise in the student's area of focus and verify appropriate licensure and/or certifications*
- *Working with student to match to sites and identify a site mentor*
- *Working with the OT Program Chair to assign appropriate faculty mentors*

- *Developing Course syllabi for T880 and T830 and creating on-line discussion prompts for T880*

Overall *Student Learning Objectives for the Doctoral Capstone Experience*-designed by the OTD Student in collaboration and aligned with the IU OT Program Educational Outcomes and Curriculum Design (ACOTE D.1.2 and ACOTE D.1.4):

Curricular Thread: ***Socially Responsive Health Care***

Outcome: *Graduates will demonstrate entry-level competencies in providing client-centered, inclusive, equitable, and research informed care in professional practice.*

Student Learning Objective 1: Student will provide client-centered, inclusive, and research-informed care to collaborate with and serve this population. Student will conduct interviews, make adjustments based on feedback and suggestions, and use EBP to back all protocols that are accessible to this community.

Curricular Thread: ***Critical Inquiry & Reflective Practice***

Outcome: *Graduates will be prepared to apply principles of evidence based and evidence informed decision making in professional practice to improve and expand the delivery and quality of occupational therapy services.*

Student Learning Objective 2: Student will conduct research of current literature for evidence-based practices to make informed decisions that improve and expand the delivery and quality of services to clients on-site. Student will use this information to create seminars and protocols to improve clients' resilience, self-care skills, and overall mental health through evidence-based seminars and protocols.

Curricular Thread: ***Leadership and Advocacy***

Outcome: *Graduates will demonstrate leadership and advocacy to promote health, well-being, and quality of life for people, populations, and communities.*

Student Learning Objective 3: Student will develop and lead seminars to promote health, well-being, and QOL within this population. Student will advocate for the value of these services, their role in improving resilience, and how it improves volunteer/staff's ability to serve the community.

Goals and Objectives for the Doctoral Capstone Project- designed by the OTD Student in collaboration with the Capstone Coordinator, Faculty Mentor and Site Mentor (ACOTE D.1.3). *Number of goals and objectives will vary based on the student project:*

Project Goal 1: Student will assess the needs of the site.

Objective 1: Conduct interviews and distribute surveys to volunteers/staff for needs assessment.

Objective 2: Conduct research on concerns/interests brought up by volunteers/staff.

Objective 3: Collaborate with volunteers/staff to create and present information in seminars.

Project Goal 2: Student will conduct seminars and training sessions that focus on resilience, self-care, and mental health.

Objective 1: Conduct research to create EB seminars/protocols that meet concerns and needs of volunteers/staff.

Objective 2: Train volunteers/staff to implement protocols/suggestions within seminars.

Objective 3: Create a grant proposal to fund future training expenses to meet the changing needs of the community.

Project Goal 3: Student will develop deidentified surveys to assess effectiveness of program implemented.

Objective 1: Collaborate with volunteers/staff to identify measures.

Objective 2: Create and distribute surveys to collect data.

Objective 3: Assess data and make adjustments throughout program.

Plan for Mentoring/Supervision of the Experience- between the OTD Student and Site Mentor (ACOTE D.1.4):

1. *The student will be mentored and supervised by the site mentor.*
2. *The student will only participate in activities as approved by the site mentor.*
3. *If the student is providing skilled occupational therapy services, the supervision guidelines for the provision of occupational therapy services by students for each particular state is required.*
4. *If the site mentor is not available to supervise the student for a particular timeframe (i.e. vacation), the site and mentor will identify a replacement supervisor for that particular time period.*
5. *The student may spend additional time at other locations within the site organization as assigned by the site mentor.*
6. ***This is a 560-hour doctoral experience. At least 80% of those hours must be spent at the doctoral experience site. Any absences must be made up to get to 560 hours to ensure successful completion of the doctoral experience.***
7. ***The student and site mentor will determine a plan for the supervision/mentoring meeting***

Additional:

Plan for Dissemination and Authorship:

The student is required to present the results of the capstone experience and project in order to demonstrate how knowledge was gained and synthesis of knowledge occurred. This presentation will be in May at the IU OTD Capstone Presentation Forum. If the student plans to disseminate beyond this forum the student is required to complete the *Document of Capstone Authorship* (DCA) with appropriate signatures and attach to this document. Note: Materials developed for the site during the capstone experience (i.e. handouts, program protocols, etc.) by the student are the property of the site unless otherwise noted here.

Protocol Guidelines

Topic	Session #1: Mental Health & Ergonomics
Purpose	Determine working definition of mental health and its importance based on the specific needs of the participants and the occupation, demonstrate the scope of mental health
Goals	Participants understand importance of mental health within the workplace, can adjust workstation for ergonomic needs
Materials	Infographics, print surveys, workstation to demonstrate
Time & Place	3/9 @ 1PM in training room
Flow Guidelines	Explain Project and distribute survey What is mental health to you? Why mental health is important? How does ergonomics ties to mental health? Presentation and Hands on (Refer to handout for details)
Grading	Grade up: participants identify ergonomic errors made by student Grade down: demonstrate proper ergonomics for participants to observe

Topic	Session #2: Relaxation & Sleep (Stress management)
Purpose	Present relaxation/stress management strategies that are accessible during shift and life balance/sleep hygiene strategies for home
Goals	Participants identify at least one relaxation/stress management technique they prefer, can identify the role of sleep for overall health and mental wellbeing
Materials	Infographics
Time & Place	3/16 @ 1PM in training room
Flow Guidelines	Recap & feedback What is stress management? How does it relate to relaxation and sleep? How does relaxation & sleep tie to mental health? Presentation & Hands on (Refer to handout for details)
Grading	Grade Up: participants identify own strategies Grade Down: present strategies for group to pick from

Topic	Session #3: Communication
Purpose	Present common communication strategies, how to address own thoughts, change behaviors
Goals	Understanding of each other's communication preferences
Materials	Infographics, communication examples
Time & Place	3/23 @ 1PM in training room
Flow Guidelines	Recap & feedback What is communication? How do you like to communicate? How does communication tie to mental health?

	Presentation & Hands on (Refer to handout for details)
Grading	Grade Up: Participants break down scenario for best communication strategies Grade Down: Guide group through each step of scenarios

Topic	Session #4: Framework and Recommendations
Purpose	Present evidence-based framework and allow participants to independently perform SWOT analysis
Goals	Complete SWOT analysis
Materials	Framework, SWOT
Time & Place	3/30 @ 1PM in training room
Flow Guidelines	Recap & feedback Explain the framework Explain SWOT How does this tie to mental health? Presentation & Hands on (Refer to handout for details)
Grading	Grade Up: work independently on SWOT Grade Down: provide examples of each

Topic	Session #5: SWOT Analysis
Purpose	Discuss individual SWOT analyses as a group
Goals	Identify strengths/weaknesses/opportunities/threats, prioritize SWOT results
Materials	SWOT analysis, Framework for Workplace Mental Health, evidence-based recommendations
Time & Place	4/6 @ 1PM in training room
Flow Guidelines	Recap & feedback Review SWOT as a group How does this tie to mental health? What priorities are there? Presentation & Hands on (Refer to handout for details)
Grading	Grade Up: Ask open-ended questions to guide group Grade Down: Provide examples or choices for group

Topic	Session # 6: Wrap Up
Purpose	End in-service program
Goals	Distribute surveys, answer questions, address any concerns, receive feedback, touch base with site mentor
Materials	Printed Surveys, pens
Time & Place	4/13 @ 1PM in training room
Flow Guidelines	Distribute survey Open discussion of feedback Review everything with site mentor
Grading	N/A

Appendix B

PEOP Model



Framework for Workplace Mental Health



Appendix C


Infographics

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Sleep Hygiene


WHAT IS SLEEP HYGIENE?

Sleep Hygiene is the act of practicing behaviors that create healthy and restful sleep patterns. Quality sleep is important for overall health and helps you do your daily tasks.




Routines

- MAKE AND STICK TO A BEDTIME ROUTINE
 - EX: BRUSH TEETH




Positioning

- MAKE YOURSELF COMFORTABLE
 - USE PILLOWS, BLANKETS, SLEEP ON SIDE/BACK



Amount

- AIM FOR 7-9 HOURS OF SLEEP A NIGHT
- WORK TOWARDS CONSISTENCY



Energy Conservation

- FOR TIRED DAYS
- SIT WHEN YOU CAN, SIMPLIFY TASKS, TAKE BREAKS

WORK HARD, SLEEP HARD
The return from your investment in sleep allows you to do the things you love.





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Mental Health

THE ROLE IT HAS ON YOUR THOUGHTS AND BEHAVIORS

What is it?

MENTAL HEALTH IS YOUR SENSE OF WELLNESS, IT INCLUDES:

-  • PSYCHOLOGICAL
-  • EMOTIONAL
-  • SOCIAL
-  • PHYSICAL

Why is it important?

- EXCESSIVE STRESS CAN LEAD TO
 - INCREASED RISK OF MENTAL HEALTH CONCERNS
 - BURNOUT
 - DECREASED WORK PRODUCTIVITY
 - HIGHER EMPLOYEE TURNOVER RATE
 - POOR SLEEP
 - OVERALL NEGATIVE HEALTH OUTCOMES

MENTAL HEALTH IS SELF-CARE
Caring about mental health helps create a place that promotes quality of life.

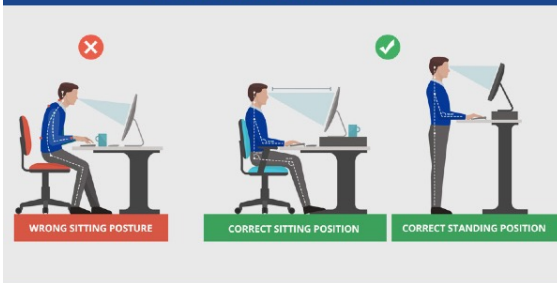
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Office Ergonomics

WHAT IS OFFICE ERGONOMICS?

Office ergonomics is the way we work with the things in our surroundings. It effects the way we complete tasks and how work impacts our body. Improved office ergonomics can help you work more efficiently and SAFELY.



1 Eyes

- Monitor at arms-length
- Top of screen at eye-level
- Screen tilted upward

2 Arms

- Shoulders relaxed
- Elbows parallel to floor
- Use armrest if needed

3 Back

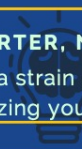
- Back straight
- Lower back supported
- Use back cushion if needed

4 Legs

- Thighs parallel to floor
- Feet flat
- Use foot rest if needed

WORK SMARTER, NOT HARDER!

Prevent extra strain during work by prioritizing your health.



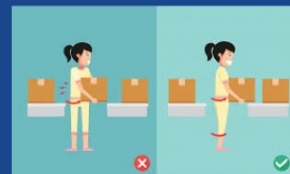
Body Mechanics

WHAT IS BODY MECHANICS?

Body mechanics is the way we move as we do things in our day-to-day lives. It effects the way our body experiences the stress of our movements. Proper body mechanics can help you move more efficiently and SAFELY.

Guidelines

- KEEP BACK STRAIGHT
- LIFT FROM THE KNEES
- PREVENT TWISTING BACK
- KEEP LOAD CLOSE TO YOUR BODY
- USE TEAMWORK FOR HEAVY LOADS



REMEMBER: SAFETY FIRST!

Lift with **care** so that you can **live** without injury.



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Stretches

WHY DO STRETCHES?

When we do a task over and over, we risk straining and injuring our bodies. Stretches are breaks that help prevent stiffness, pain, soreness, and injury.

Hands & Wrist



- Stretch arms out in front
- Move wrists up & down
- Move wrists side-to-side
- Move wrist in a circle
- Make a fist
- Open your hands and spread fingers

Neck & Back



- Look left & right
- Look up & down
- Bring left ear to left shoulder, then right ear to right shoulder
- Move head in a circle
- Straighten back & reach arms upward
- Bring shoulders back & downward

Gentle Full Body Movement



- Walking
- Yoga
- Qigong

YOUR BODY REQUIRES MAINTENANCE

Take a few minutes every hour to care for your body at work.

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Relaxation

WHY IS RELAXATION IMPORTANT?

Relaxation techniques can decrease risk for burnout by focusing on YOUR needs. Burnout is the feeling of physical, emotional, and mental exhaustion and can be harmful to your health.

Mindful Meditation

- Take breaks to meditate in quiet spot
 - Can be as short or as long as you need

Creative Expression

- Writing/journaling
- Arts and crafts
- Music
- Interest Checklist
- Hobbies outside of work

Progressive Muscle Relaxation

- Squeeze and relax muscles
- Do one body part at a time
- Repeat to do entire body

Breathing Exercises

- Slow and deep breaths
- Repeat as many times as needed

REMEMBER!

Your wellbeing is an asset to the organization, to your loved ones, AND to yourself.

Breathing Techniques

BELOW ARE GUIDELINES FOR BREATHING TECHNIQUES FOR RELAXATION.

4-7-8

- INHALE FOR 4 SECONDS, PAUSE FOR 7 SECONDS, EXHALE FOR 8 SECONDS



Pursed Lip Breathing

- INHALE DEEPLY THROUGH NOSE, PAUSE, AND EXHALE THROUGH PURSED LIPS



Diaphragmatic Breathing

- INHALE DEEPLY, RELAX MUSCLES IN STOMACH, THEN EXHALE USING STOMACH MUSCLES TO PUSH OUT AIR



Mind-Body Connection

- PAIR BREATHING WITH MOVEMENT AND MEDITATION.



USE YOUR BREATHE

Breathe with intention to connect with your body, bring yourself a sense of calm, and manage stress.

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Progressive Muscle Relaxation

WHAT IS PROGRESSIVE MUSCLE RELAXATION?

Progressive Muscle Relaxation (PMR) is an exercise of tensing and relaxing your muscles. It can be used to manage stress, anxiety, and pain.



Start

AT THE BOTTOM

1. FEET
2. CALVES
3. THIGHS
4. HIPS
5. BACK & STOMACH
6. HANDS
7. ARMS
8. CHEST & SHOULDERS
9. NECK
10. FACE

Squeeze & Hold
FOR 10 SECONDS

Relax

SLOWLY RELAX MUSCLES. TAKE A MOMENT TO FEEL THE DIFFERENCE.

Breathe

BREATHE DEEPLY AND SLOWLY.

CONNECT WITH YOUR BODY

Tune into how your body and mind feels before and after this exercise.

Mindful Meditation

WHAT IS MINDFUL MEDITATION?

Mindful Meditation is the practice of focusing on the present and accepting your thoughts/emotions without judgement. It can be used to decrease anxiety and increase positive emotions

Guidelines



1. FIND SOMEWHERE WITHOUT DISTRACTIONS

- CAN BE QUIET
- USE MUSIC IF YOU LIKE



2. RELAX

- CAN BE SITTING, STANDING, LAYING DOWN, OR EVEN MOVING



3. NOTICE YOUR THOUGHTS AND FEELINGS

- ACCEPT THEM
- LET THEM GO

Pair it with movement

PRACTICE THESE GUIDELINES WITH MOVEMENTS OR ACTIVITIES YOU ENJOY

PRACTICE YOUR WAY

Mindful meditation can be as long or as short as you need. Practice to figure out what works best for you.

IU OTD Capstone Series

Cognitive-Behavioral Strategies

WHAT ARE COGNITIVE-BEHAVIORAL STRATEGIES?
Cognitive-behavioral strategies are things we can do to better understand our thoughts in order to make changes in our daily lives.

<h3>TIK-TOK</h3> <ul style="list-style-type: none">• TIC: Thought-Interfering Cognitions• Thought Distortion• TOK: Task-Oriented Cognitions	<h3>Affirmations</h3> <ul style="list-style-type: none">• Positive self-talk<ul style="list-style-type: none">◦ The way we speak/think about ourselves• Focuses on our strengths
<h3>Thought Record</h3> <ul style="list-style-type: none">• What, When, Where• Emotions• Automatic Thoughts• Additional:<ul style="list-style-type: none">◦ Distorted Thoughts◦ Alternative Thoughts◦ Outcome	<h3>ABC</h3> <ul style="list-style-type: none">• A - Activating Event• B - Beliefs<ul style="list-style-type: none">◦ Irrational & Replacement• C - Consequences<ul style="list-style-type: none">◦ Irrational & Replacement

YOU ARE IN CONTROL
Understanding your thoughts can help you make positive changes.

SWOT Analysis

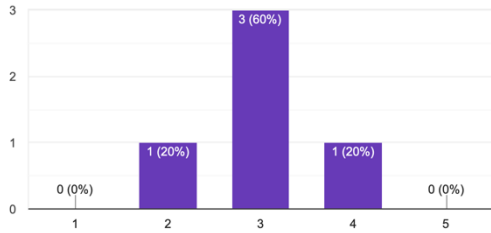
Strengths	Weaknesses
Team rapport Strong ties within community Financial security Quick response to COVID and adoption of protocols Flexibility of the organization/staff Lunch breaks Peer support programs Community building	Consistent follow-through Communication Need for self-care exercises
Opportunities	Threats
Follow news to stay current on COVID Professional development Career opportunities Team bonding experiences Self-help tools Integrated wellness program/support for staff Workplace awareness campaigns In-depth mental health educational seminars Physical activities	COVID-19 Not following safety protocols Fear of the unknown Health concerns Potential for burnouts due to workload

Appendix D

Group Start Survey Results

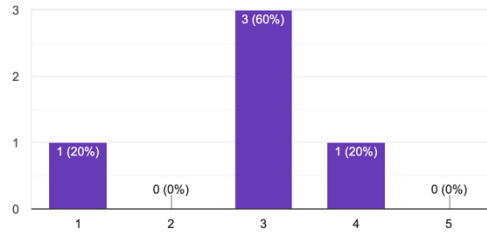
I find it difficult to organize my thoughts, ideas, or what I have to say (NOT referring to hearing difficulties)

5 responses



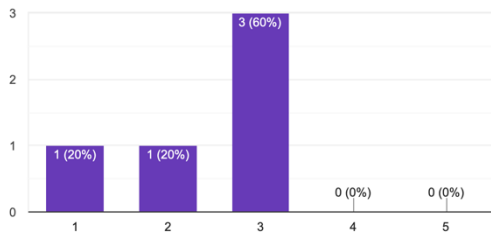
I find it difficult to participate in conversations (NOT referring to hearing difficulties)

5 responses



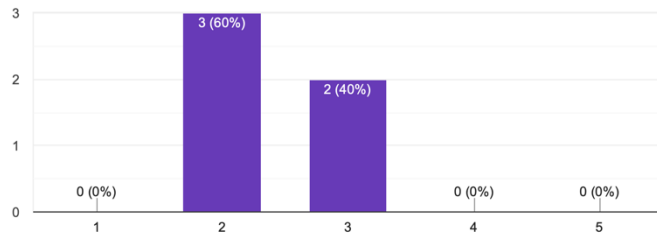
I find it difficult to understand others during conversations (NOT referring to hearing difficulties)

5 responses



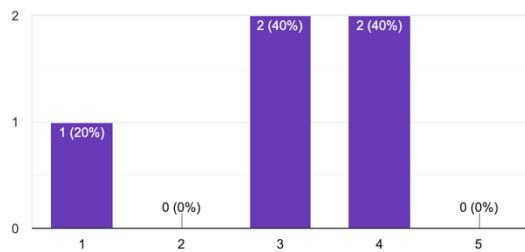
I find it difficult to organize my thoughts, ideas, or what I have to say (NOT referring to hearing difficulties)

5 responses



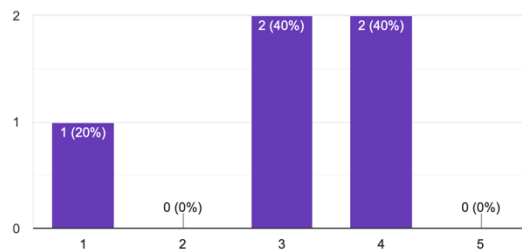
In the past 3 months, many situations made me worry

5 responses

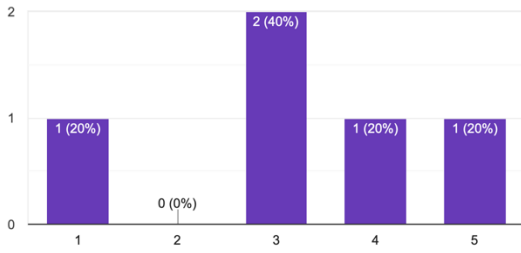


In the past 3 months, my worries overwhelmed me

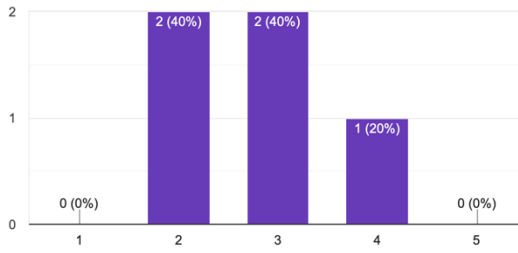
5 responses



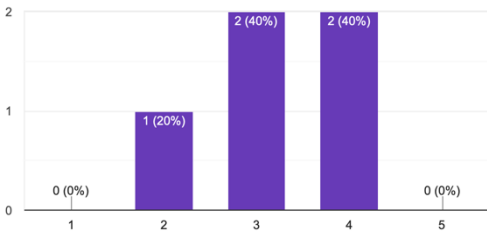
In the past 3 months, I felt tense
5 responses



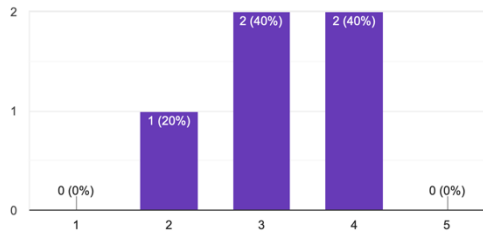
In the past 3 months, I had difficulty calming down
5 responses



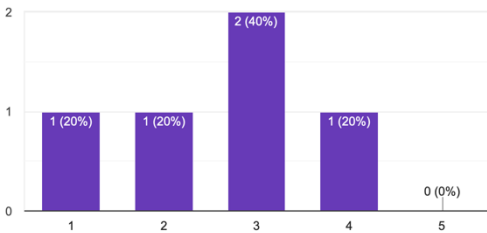
In the past 3 months, I felt nervous when my normal routine was disturbed
5 responses



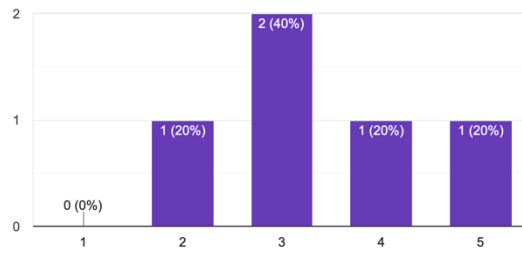
How often have you been upset because of something that happened unexpectedly
5 responses



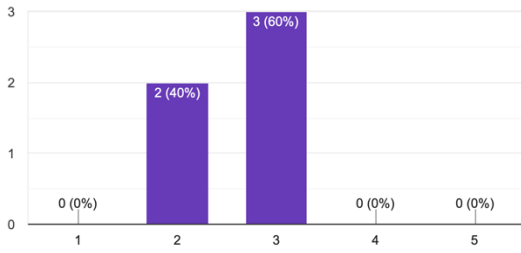
How often have you felt that you were unable to control the important things in your life
5 responses



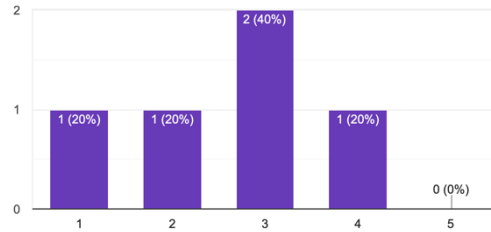
How often have you felt nervous and "stressed"?
5 responses



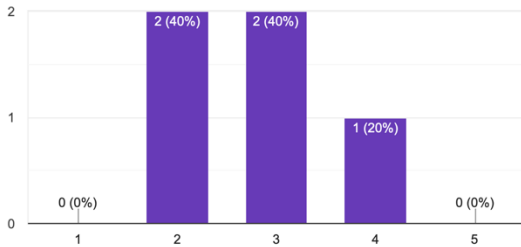
How often have you felt that things were not going your way?
5 responses



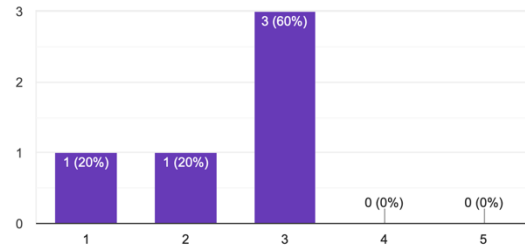
How often have you found that you could not cope with all the things that you had to do
5 responses



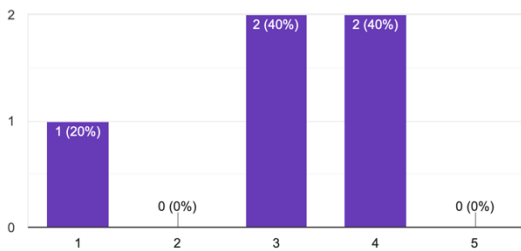
In the past 3 months, I felt sad
5 responses



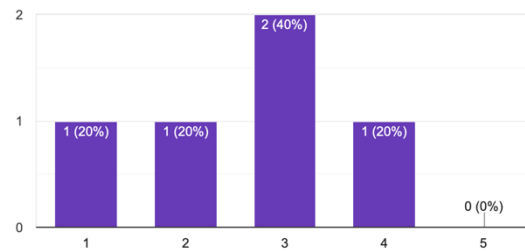
In the past 3 months, I withdrew from people
5 responses



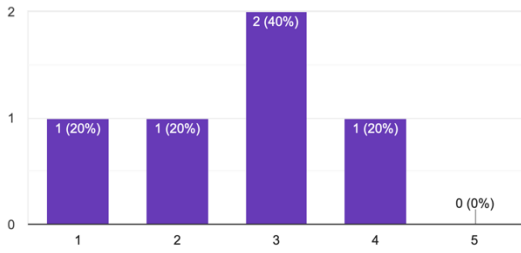
In the past 3 months, I felt emotionally exhausted
5 responses



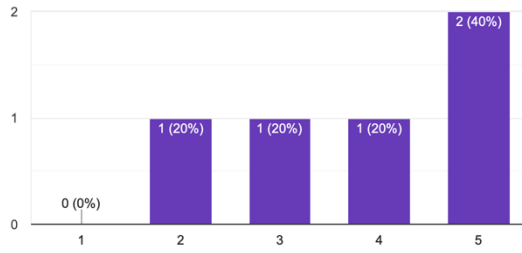
In the past 3 months, I felt lonely
5 responses



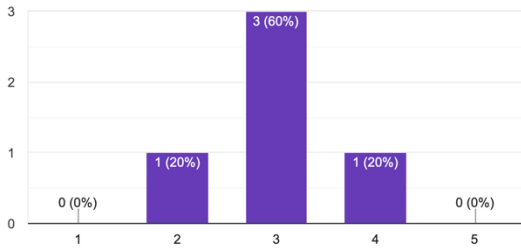
In the past 3 months, I felt unhappy
5 responses



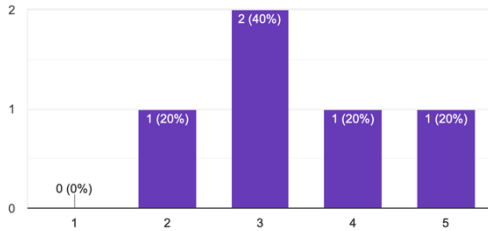
I find working on my computer strains my body
5 responses



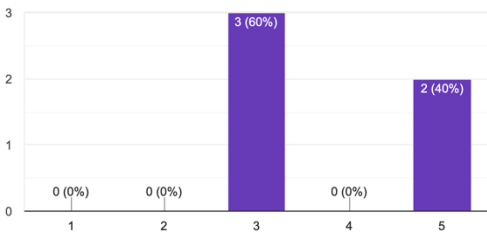
I find lifting things/kids strains my body
5 responses



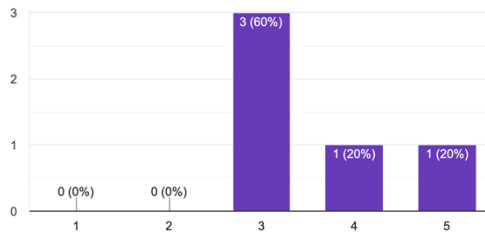
When I need to communicate, I feel confident I have the knowledge to express myself and communicate clearly.
5 responses



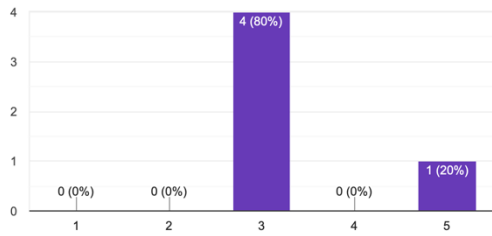
When I feel anxious, I am confident I have the knowledge manage my anxiety
5 responses



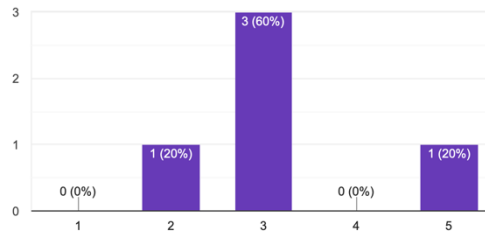
When I feel stressed, I am confident I have the knowledge to manage my stress
5 responses



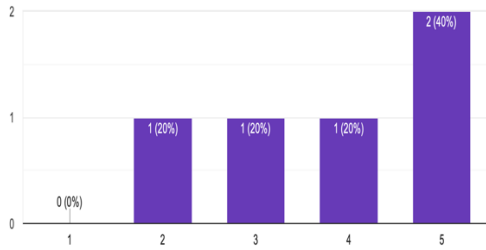
When I feel sad, I am confident I have the knowledge to manage my sadness
5 responses



When I am at work, I understand and am confident in using ergonomics to better my work se... tasks comfortably and safely.
5 responses

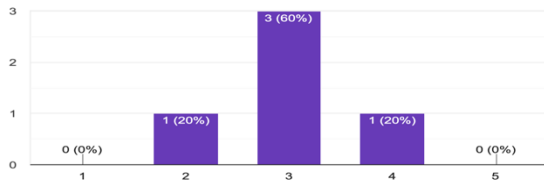


I feel steps are taken to prioritize my physical and mental wellbeing.
5 responses

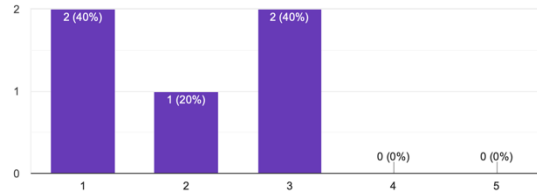


Group Exit Survey Results

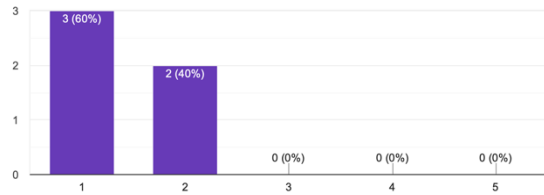
I find it difficult to organize my thoughts, ideas, or what I have to say (NOT referring to hearing difficulties)
5 responses



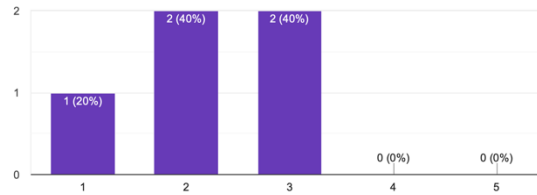
I find it difficult to participate in conversations (NOT referring to hearing difficulties)
5 responses



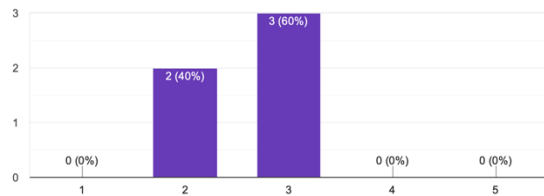
I find it difficult to understand others during conversations (NOT referring to hearing difficulties)
5 responses



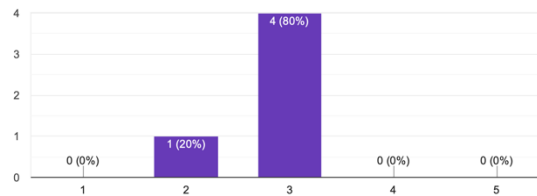
I find it difficult to be "heard" during conversations (NOT referring to hearing difficulties)
5 responses



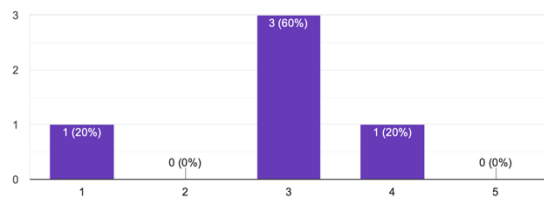
In the past 6 weeks, many situations made me worry
5 responses



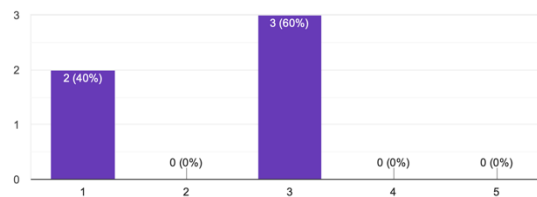
In the past 6 weeks, my worries overwhelmed me
5 responses



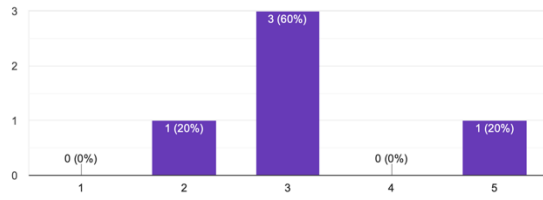
In the past 6 weeks, I felt tense
5 responses



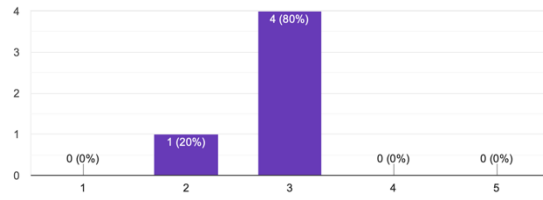
In the past 6 weeks, I had difficulty calming down
5 responses



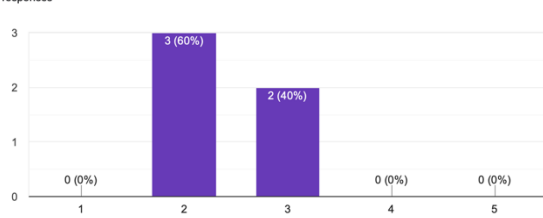
In the past 6 weeks, I felt nervous when my normal routine was disturbed
5 responses



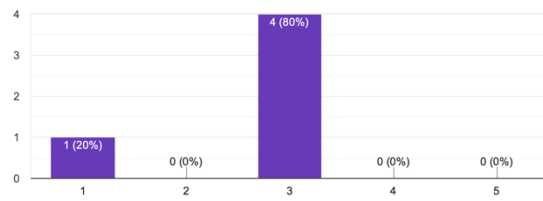
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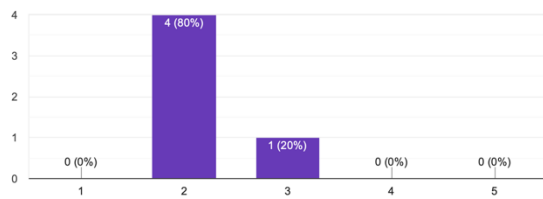
How often have you felt that you were unable to control the important things in your life
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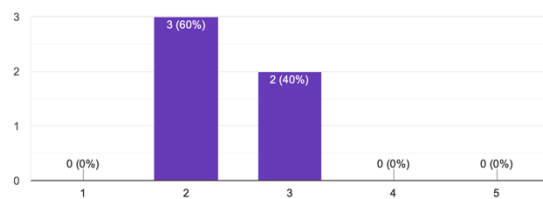
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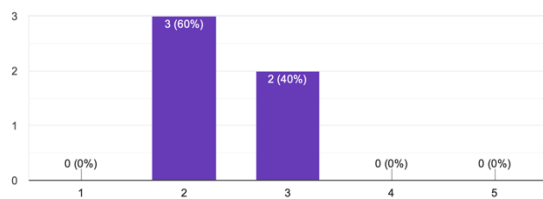
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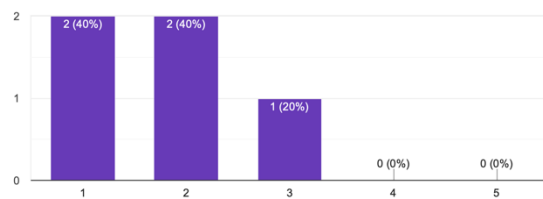
How often have you found that you could not cope with all the things that you had to do
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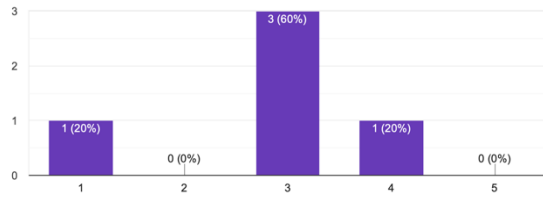
In the past 6 weeks, I felt sad
5 responses



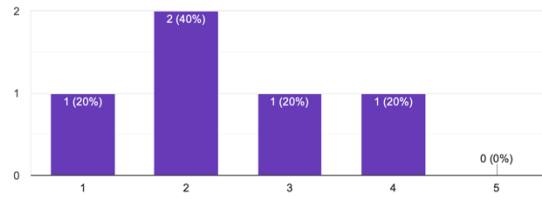
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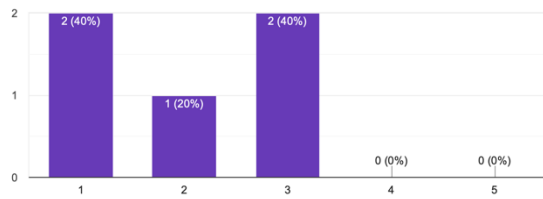
In the past 6 weeks I felt emotionally exhausted
5 responses



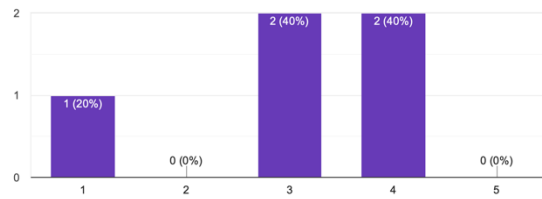
In the past 6 weeks, I felt lonely
5 responses



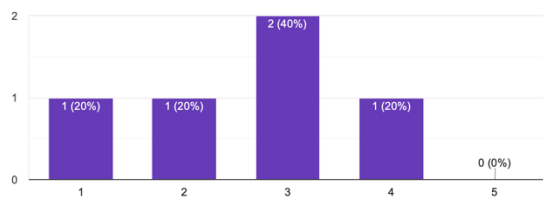
In the past 6 weeks, I felt unhappy
5 responses



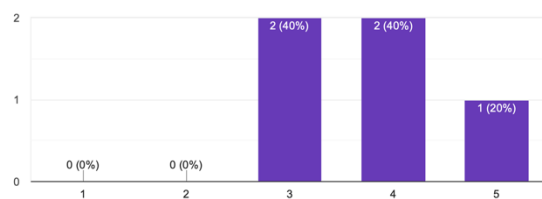
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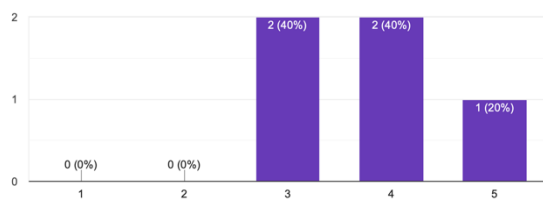
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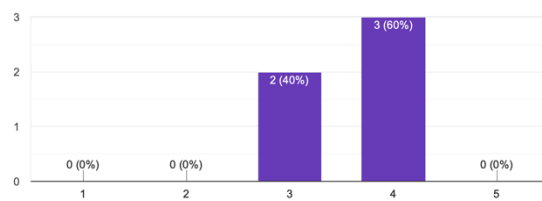
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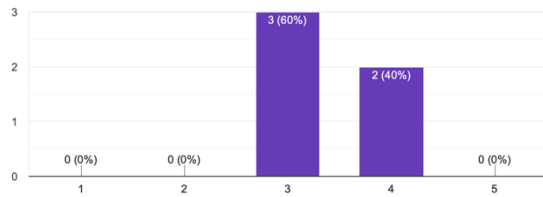
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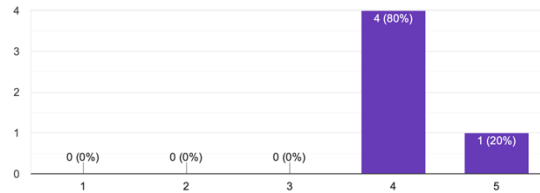
When I feel stressed, I am confident I have the knowledge to manage my stress
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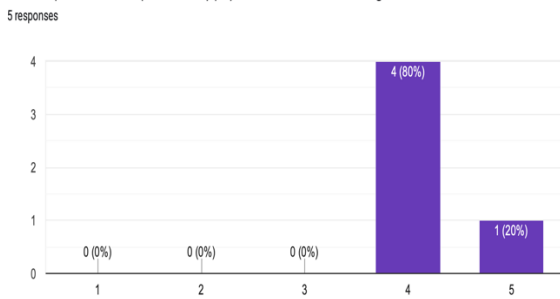
When I feel sad, I am confident I have the knowledge to manage my sadness
5 responses



When I am at work, I understand and am confident in using ergonomics to better my work setup, my ability to work, and my ability to perform tasks comfortably and safely.
5 responses



I feel steps are taken to prioritize my physical and mental wellbeing.
5 responses



Group Start/End Comparison

Group Start Ratings	Group End Ratings	Difference
15	12	3
14	10	4
12	7	5
13	11	2
15	13	2
15	14	1
16	14	2
14	11	3
16	15	1
16	14	2
13	12	1
17	13	4
13	11	2
13	12	1
14	12	2
12	9	3
15	14	1

13	12	1
13	10	3
19	15	4
15	13	2
17	19	-2
19	19	0
18	18	0
17	17	0
16	21	-5
19	21	-2