An estimated 50 percent of behavioral health providers report feeling overburdened due to high levels of stress, low salaries, perceived lack of career advancement opportunities, and increased caseloads.\(^1\)\(^,\) \(^2\)

The World Health Organization defines burnout as an occupational phenomenon “conceptualized as resulting from chronic workplace stress that has not been successfully managed.”\(^3\) Burnout is typically characterized by three dimensions (see graphic).

The guide focuses on organization-level interventions to prevent and reduce burnout among behavioral health staff, as evidence indicates that organization-level interventions are more effective at reducing burnout and related outcomes (e.g., job satisfaction, intent to leave, perceived supervisor support) than individual-level interventions. The guide includes both the evidence of the impact of the interventions and strategies to support implementation. The guide is intended for behavioral health providers, staff, administrators, and organizational decision- and policy-makers to support the implementation of strategies to address burnout among behavioral health staff.

A systematic review of the literature identified five organization-level interventions with a statistically significant impact on burnout. While each multicomponent intervention was unique to the specific organization, the following program commonalities contributed to their success:

- Team-based: All used a team-based approach to identify the factors contributing to burnout, and then to develop and implement strategies to address these factors.

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**The Three Dimensions of Burnout**

**SUSTAINED FEELINGS OF EXHAUSTION**
- Loss of energy
- Depletion
- Overextension
- Fatigue

**DEPERSONALIZATION**
- Withdrawal
- Increased mental distance from one’s job
- Feelings of negativism/ cynicism related to one’s job

**PROFESSIONAL INEFFICACY**
- Reduced feelings of accomplishment or productivity

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**Sources:**


• Data driven: These interventions began with a needs assessment or a similar process for collecting input from employees on work conditions and factors affecting well-being. A multidisciplinary team then reviewed the data and developed recommendations for interventions.

• Organization specific: Each intervention varied due to organizational characteristics and the unique concerns of employees.

• Well supported: Organizations implemented these interventions over a period of at least 12 months and institutionalized the interventions to sustain positive outcomes related to reducing employee burnout.

The guide provides guidance for how to implement organization-level strategies to address burnout, including guidance on planning, implementation and sustainability. It includes specific considerations across the six organizational factors of workload; control; reward, promotion and career development; community; fairness; and values. The guide includes three real-life case examples of programs that organizations have implemented to reduce burnout, including CopeColumbia at the Columbia University Irving Medical Center; the Clinician Health and Well-Being Program at University of California Davis Health; and need-based initiatives from Mental Health America of Northern Kentucky and Southwest Ohio.

This guide uniquely contributes to available resources by focusing on organization-level interventions to address burnout among behavioral health staff. While many interventions target the individual-level, such as through mindfulness or stress management interventions, this guide focuses on organization-level interventions that are more likely to impact the workplace climate and culture to create a better workplace. While the guide is focused on behavioral health workers, burnout may affect all health workers; many of the strategies discussed may extend to other healthcare staff and organizations.

