



No One Cares Alone: A Caregiver Mental Wellness Ecosystem

A playbook outlining the menu of Caregiver Mental Wellness programs developed by Providence in 2021-22 for other healthcare organizations to model and implement.

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As part of Providence's commitment to supporting the mental wellness of caregivers, we have proudly developed No One Cares Alone (NOCA). NOCA is a comprehensive menu of programs and tools to support our diverse team of caregivers at every stage of their mental wellness journey. Supporting the mental and emotional wellbeing of caregivers is not simply a high priority, but rather we consider it a precondition for delivering high-quality, compassionate care.

When we say caregivers, we mean everyone who works as part of the Providence family of organizations, nearly 120,000 Providence employees in clinical and non-clinical roles. We focus on every single person because they each have different needs and we strive to meet them appropriately.

We created this playbook to outline our programs as a model for what's possible for other healthcare organizations to implement for their caregivers. When looking to develop a program like No One Cares Alone, it's important to have two simple, foundational components in place. The first is to be responsive when caregivers seek help, offering solutions based on their needs and preferences. And the second is to understand that seeking help does not come naturally to many caregivers. Leaders must proactively lean in and create an organizational culture that normalizes help-seeking behavior while simultaneously empowering all caregivers to identify and support those in need.

Caregiver Mental Wellness: Our Journey to No One Cares Alone

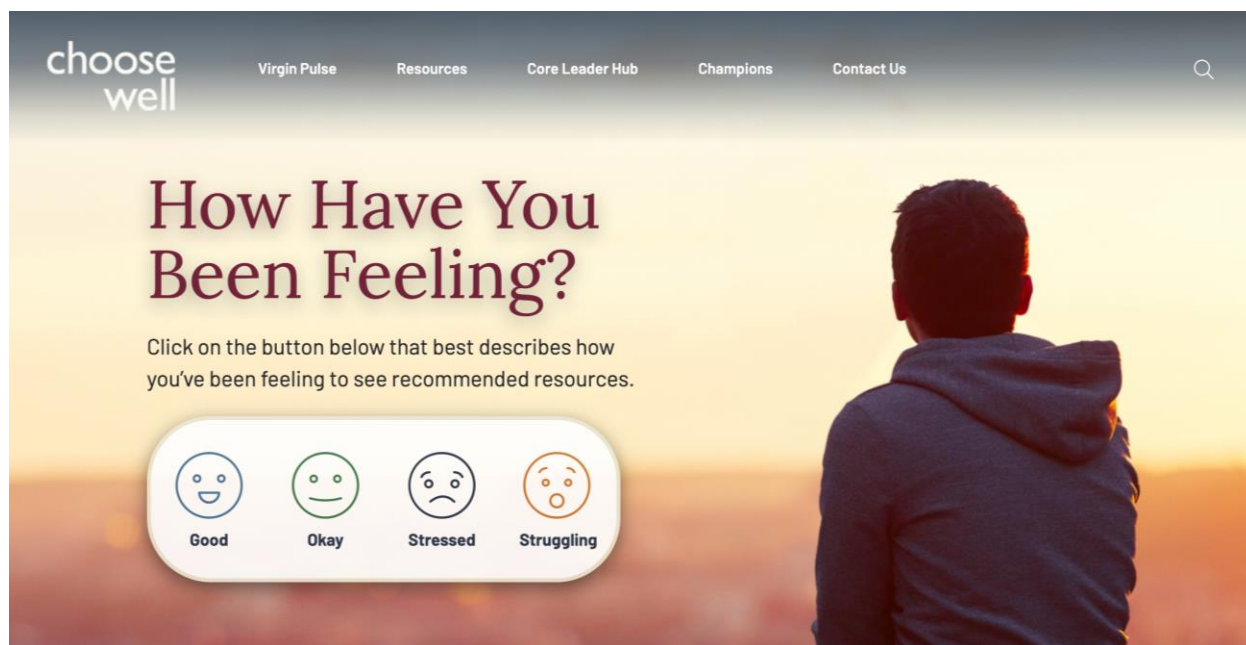
With the onset of the Covid-19 pandemic, healthcare workers across the world faced unprecedented stress. While Providence facilities had some mental wellness programs in place, such as in the system Employee Assistance Program (which we call our Caregiver Assistance Program or CAP), it quickly became clear that we would need to build enhance such offerings if we were to meet the ever-increasing need for mental wellness support.

Just as caregivers were mobilizing to support covid patients and responding to increased pressure on our healthcare system, Providence Executive Leadership identified the need to target the ongoing mental and emotional strain the pandemic would have on caregivers. The Human Resources Caregiver Wellness and System Mental Health Strategy teams were tasked with moving quickly to respond to this challenge. Looking back, we recognize the partnership between the Human Resource and Mental Health teams was crucial in our internal response to the pandemic.

These teams began gathering a group of core leaders across our family of organizations working in high-stress environments such as ICU and emergency departments to meet weekly and share

feedback about what their teams needed most urgently. They then began to pull together resources that core leaders and their teams utilized immediately.

“The right care to meet each caregiver’s need in the way that they’d like to receive that care”



A screen capture of the Choose Well digit front-door.

We recognized it was essential to simplify the process for getting help. To facilitate this, we created a [digitally-enhanced front door](#) which uses a stress meter, similar to a pain scale, to guide caregivers to resources within two clicks based on their unique needs and subjective preferences. We’re pleased to see how successfully this tool has been adopted, being used over 40,000 times within the first year.

Providence Executive Leadership set out to ensure that any one of our 120,000 caregivers could seamlessly access mental health services and wellness resources, based on their unique needs and preferences, when and how they want to receive it. Over time, we simplified and developed each of these components into programs that were scaled across the Providence family of organizations to effectively reach all caregivers, now under the umbrella suite of programs called No One Cares Alone.

A Public Health Approach

We structured No One Cares Alone by modeling the well-established public health approach, using a primary (education and information), secondary (self-guided resources) and tertiary (clinical support) intervention model, ranging from pro-active to reactive services – all at no cost to caregivers and their family members.

Caregiver Emotional Wellness EcoSystem: A Public Health Approach		
Primary	Secondary	Tertiary
De-stigmatization Campaign	Self-Guided Wellness Tools	Peer 2 Peer Support Network
Suicide Prevention Training	My Mental Health Matters	Caregiver Assistance Program
	Core Leader Outreach	

At the primary level of intervention, our facilities are delivering an ongoing de-stigmatization campaign, offering suicide prevention training across the organization, and providing mental wellness resources such as articles, resource groups, caregiver seminars, videos, and podcasts. At the secondary level, we're proactively checking in with core leaders throughout our family of organizations, building out an optimized peer support network, and providing a mental health checkup tool. And at the tertiary level, we offer an outside, behavioral health network vendor – as well as an in-house concierge of behavioral health professionals – who provide coaching, therapy, as well as connect caregivers to other appropriate mental health resources.

We also understood that some caregivers might want to speak with a spiritual health provider, such as a chaplain, as opposed to speaking with a behavioral health provider. As such, we are rolling out a tele-spiritual health program that will provide caregivers with an opportunity to connect with a chaplain. Someone else might want self-help resources while another individual might want to speak with a therapist. The key was to develop and offer programming that meets each caregiver's unique needs and preferences. We also recognized we had to address head-on some of the barriers that can prevent a caregiver from getting the support they might need.

Persisting Stigma and Stressors

We understood that even with robust mental wellness offers, many caregivers who could benefit from mental health services do not seek support due to persisting stigma and cultural barriers. Although things have gotten better over the past decade, caring for one's own mental and emotional health doesn't come naturally to many who work in the healthcare field.

Too often, those who need the services the most are the last to seek help. So, our leadership team asked how we might lean in and actively reach those in need, knowing that our strategy must proactively nurture a culture which normalizes mental health challenges. We recognized the need to establish a culture where messages that destigmatize mental health and normalize help-seeking behaviors regularly occur versus being received as a bolus during a given month.

Along with stigma, real stressors persist. We don't know the lasting impact or the full aftermath the pandemic will have on our workforce, and we expect unknown challenges will continue to arise. We are committed to continuously watching for signs of struggle and proactively preparing to adequately respond with support for our caregivers.

As we've gone through this journey, we've continually added new components to these programs, building a suite of offerings that will live beyond the pandemic. We're proudly creating a culture where mental health is a priority and help-seeking behavior is normalized. We're steadily striving to notice and respond to the real issues facing our network of caregivers.

Programs Overview

A summary of programs included under our No One Cares Alone umbrella.



Suicide Prevention Training

A highly accessible virtual training providing caregivers with the language needed to talk about suicide with someone they are concerned about and recommended resources for those in need.

Self-Guided Wellness Tools

A menu of wellness tools including educational content, computerized cognitive-behavioral therapy, and leadership training available through our website and our Caregiver Assistance Program partner.

My Mental Health Matters

An ongoing, year-round, organization-wide, multi-media campaign to proactively destigmatize mental health issues and help-seeking behavior among caregivers, paired with a confidential online mental health checkup to help caregivers identify areas they might be struggling and facilitate them getting connected to the appropriate level of care.

Core Leader Outreach

An ongoing, proactive campaign to reach out to core leaders and invite them to have a conversation with a Wellness Consultant. Core leaders can also directly schedule with Wellness Consultants through an internal site.

Peer 2 Peer Support Network

A network of trained peer supporters who connect through an app for either virtual or in-person meet-ups, specifically for unanticipated outcome events. The program includes a self-paced, ongoing virtual training for peer support candidates.

Caregiver Assistance Program

In addition to receiving care through their benefits plan, caregivers and their household members qualify for coaching and/or therapy visits via the Caregiver Assistance Program (CAP). The CAP provides information, resources, guidance, and counseling support 24/7.

Caregivers and family members can get support across the mental and emotional health spectrum with tools such as mental health coaching and therapy, guided self-care, and self-guided tools.

Best Practices for Caregiver Mental Wellness Programs

Over the course of developing, implementing, and scaling No One Cares Alone, the teams identified the following best practices for program success.

Conduct Staff Surveys

Informal staff surveys and focus groups are essential for identifying staff needs, before and after program implementation, and understanding barriers to accessing services. Engage your frontline staff to determine their needs.

Engage Leadership

To implement a suite of programs like No One Cares Alone, your healthcare organization must collaborate across multiple stakeholders from the executive level on down, including human resources, behavioral health, nursing leadership, hospital administrators, and internal communications teams. Put simply, you must have an “all hands-on deck” approach if you want to effectively roll out supportive mental wellness programming.

Simplify Program Offerings

The best-intentioned efforts to meet caregiver needs can inadvertently lead to an uncoordinated approach, often being managed by different pieces of the organization, and can be perceived as overwhelming to caregivers. As a result, caregivers can be confused and unclear where to find help.

Our teams’ solution was to develop a one-stop, digitally enhanced front door for caregivers to select offerings based on their unique needs and preferences. This involved partnering with leadership groups across the organization to streamline offerings and ensure all services are cohesively integrated. We recommend carefully considering when to add new programs versus expanding existing offerings.

Human Resources & Behavioral Health Partnership

Developing a comprehensive mental wellness program like No One Cares Alone requires a strong collaboration between the Human Resources benefits team and a knowledgeable team of internal mental health leaders.

It is important to recognize the compliance considerations that HR has in the structure of the services that are provided for caregivers. Employers can partner with an EAP program, but direct, clinical services offered to employees must be delivered by a team outside of the organization to comply with HIPAA privacy laws. All teams and departments across the organization must work in concert toward the overall success of your caregiver mental wellness offering.

To maintain HIPAA compliance across the Providence system, we have worked with our EAP vendor to contract with our in-house behavioral health concierge team so that staff specially trained for the needs of health care staff are available to provide counseling.

Just Get Started

We understand that every healthcare organization is starting at a different place with varying resources. When looking to improve your caregiver mental wellness offering, just getting started is the most crucial step of all. For instance, you might decide to begin with a gap analysis utilizing the primary, secondary, and tertiary intervention approach and optimizing existing programs and resources.

As you start small, we recommend taking an inventory each quarter to assess your progress, regularly gathering feedback from program participants in the form of program utilization, member satisfaction data, and iterating with your next phase of development and implementation to optimize your program efficacy.

Just getting started is the key. Trust your human resource experts and mental health professionals to develop effective programs, knowing you can iterate as you progress in the implementation of a No One Cares Alone program.

Program Implementation Guide

This section provides additional details about the programs in Providence's No One Cares Alone caregiver mental wellness ecosystem and includes Implementations Steps to guide the process for developing similar programming in other organizations.

Each set of Implementation Steps outlines considerations unique to that program. Best practices will still need to be applied as you implement each program, such as:

- Identifying a sponsor
- Securing a budget
- Identifying program managers when needed
- Determining success metrics and KPIs unique to your organization
- Developing internal communications plan to collaborate across your organization

For additional information on each program, including sample project charters, training materials, and communication tools, contact us at providencebehavioralhealthleadershipcouncil@providence.org. Our team is available to collaborate with you to share our learnings and resources.

My Mental Health Matters

Research demonstrates that healthcare workers are some of the last to access support despite often facing significant mental health stressors. Beyond the persistent stigma around mental health challenges, and many not having the right language to speak about it, there can also be concern of professional consequences for seeking mental health support. For these reasons and others, caregivers frequently fail to allow themselves the same kind of care they provide to others. Providence created the My Mental Health Matters program, in partnership with the American Foundation for Suicide Prevention, to ensure our caregivers not only have access to mental health tools and resources, but also feel encouraged in their work environment to speak openly about what they are experiencing.

Part I –Destigmatization Campaign: Normalizing Help-Seeking Behavior

One of Providence's commitments is for no caregiver, provider, or dependent to die by suicide. A key intervention toward this goal is to normalize help-seeking behavior. The destigmatization campaign uses internal newsletters as well as targeted social media to reach our caregivers. The campaign includes a series of emails delivered to caregivers over the course of eight weeks. The emails include videos featuring both clinical mental health experts and Providence executive leadership speaking openly about why mental health in the workplace is important to them and why they choose to use the Mental Health Checkup Tool (the second aspect of the My Mental Health Matters program).

Leaders and experts emphasize in these videos that caregivers will not face any internal professional repercussions for seeking mental health support. They also draw a parallel between the Mental Health Checkup Tool and an annual physical health checkup, which resonates with many caregivers. The last communication in the series includes a link and a message prompting the caregiver to use the Mental Health Checkup Tool.

The campaign is conducted annually, and is rolled out in waves to caregivers in different regions and lines of business:

Wave 1: "My Mental Health"

This wave introduces My Mental Health Matters and focuses on resources to support the individual caregiver if they are experiencing distress.

- Introduction video from regional chief executive
- Messaging from regional influencer
- Videos from clinical experts on how mental health impacts all areas of our lives

Wave 2: “Your Mental Health”:

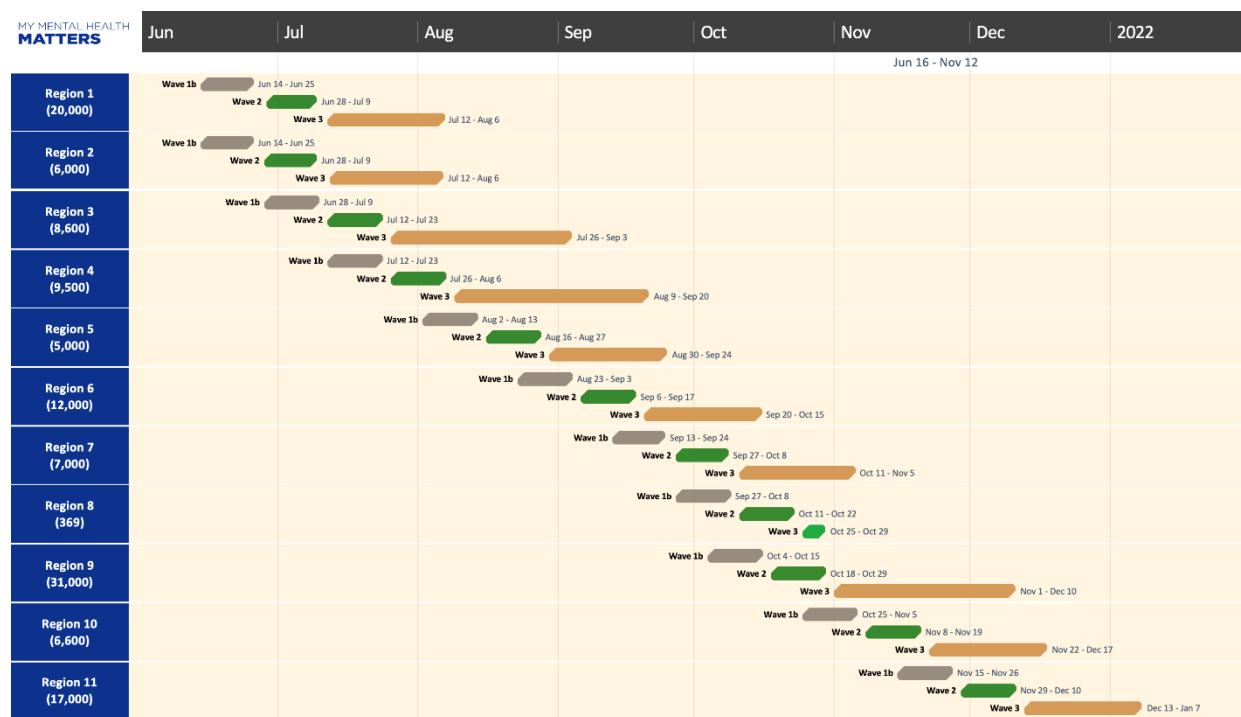
This wave of the program features content from regional clinical experts that provide caregivers with the tools needed to talk to others who they may be concerned about.

- Video content from regional clinical experts
- Influencer content
- Directions on how to access the self-guided, Caregiver Suicide Prevention Training

Wave 3: “My Mental Health Checkup”

During this wave of the program, caregivers are encouraged to complete a mental health checkup. It is a completely anonymous online health assessment from the American Foundation for Suicide Prevention (see Part II, below, for additional information on this portion of the program).

This staggered schedule ensures that each caregiver who completed the Mental Health Checkup can receive a personalized response, based on their answers, from a mental health profession in our Behavioral Health Concierge team.



Beyond preparing and encouraging caregivers to use the checkup tool, the campaign initiates an ongoing conversation among our leaders and network of caregivers about mental wellbeing and begins to normalize help-seeking behavior in our organizational culture. As caregivers feel supported by, and accountable to, their peers and colleagues, they become more willing to talk about their mental wellbeing in the workplace once leaders and experts have set the precedent.

In addition, ongoing communication on these topics continues on a quarterly basis to ensure the information is not received as a bolus (e.g., only during Mental Health Awareness Month) but rather on a sustained basis.

The entirety of the campaign is housed at MyMentalHealthMatters.Live and includes videos, blog posts and podcast recordings. This content is shared widely in caregiver email newsletters as well as by core leaders in their staff meetings.

Part II – Mental Health Checkup Tool

The Mental Health Checkup Tool is a voluntary and anonymous interactive screening program offered to all caregivers in partnership with the American Foundation for Suicide Prevention (AFSP). Known at Providence as the Mental Health Checkup Tool, AFSP's [Interactive Screening Program](#) (ISP) is an evidence-based screening and treatment engagement tool developed in 2001. In place at 175 institutions nationwide, ISP is the only anonymous online screening tool that facilitates a connection to mental health professionals who can help reduce barriers to seeking help. The tool consists of a series of questions related to mental health and was designed to help caregivers identify areas where they might be struggling as well as how best to connect to the appropriate level of care. (Sciolla, 2021; Davidson, 2020; Mortali, 2018; Ey, 2016; Moutier, 2012.)

Once caregivers complete the mental health checkup, they are immediately presented with mental health resources that are appropriate for their level of stratified need. In addition, therapists at Providence's Behavioral Health Concierge (BHC) receive the anonymous checkup results and send a customized response to the caregiver within 24–48 hours (depending on the urgency) to assist the caregiver in navigating to appropriate resources. Responses are sent via a private portal where caregivers remain anonymous. Caregivers have the option to dialogue with the therapist for more support with the issues they are facing or get help connecting to resources. They can also opt out of the anonymous portal and communicate directly with the BHC team.

Testimonial



"The pandemic caused my anxiety to reach an all-time high, but thanks to the recommendations of the Mental Health Check-up, I started seeing a therapist and am now feeling better."

— PROVIDENCE CAREGIVER

Implementation Steps for Bringing My Mental Health Matters to Your Organization



Step 1: Assess Current State

Begin by assessing the current state of mental wellness programs and the utilization of these services in your organization. To effectively address the needs of the organization, it's essential to acknowledge the current climate toward mental health and wellness.

ACTIVITIES:

- Conduct staff surveys and focus groups
- Assess existing data such as:
 - Current EAP utilization, outcomes, and member satisfaction
 - Results of any prior mental health awareness campaigns
 - Existing employee survey data

Step 2: Select Mental Health Checkup Tool

The Providence system identified AFSP and their research-based, mental health checkup tool as a trusted partner, having worked in the field of suicide prevention for over 30 years. Organizations might consider establishing a similar partnership or develop a checkup tool customized to your individual needs.

ACTIVITIES:

- Consider your organization's unique needs, goals, and budget.
- When partnering with another organization, there is generally a quicker launch time and lower cost, but it is often not as customizable.

Step 3: Identify Resources

It is critical for caregivers to receive a personalized response from a mental health professional within 24 hours (for urgent cases) to 48 hours (for mild to moderate cases) of completing a mental health checkup. Consider that a destigmatization campaign can be automated once content is developed, but results from the checkup tool will require ongoing and active engagement by a team of mental health professionals.

ACTIVITIES:

- Consider if it is necessary to hire staff for the role or if existing staff can respond to checkup results.
- Consider how many mental health professionals will be needed to stay on track for checkup responses while reaching your entire network of caregivers over the course of a year.
- Calculate how many checkup invitations to send per day based on your organization's unique size and need.

Step 4: Develop Communications Campaign

An effective campaign involves a coordinated endeavor across your organization. Planning this effort includes identifying communication channels, developing content, and planning how the email checkup will be scheduled to not overwhelm your response team.

ACTIVITIES:

- Determine the leaders and cultural champions in your organization who can play an influential role on the culture.
- Record videos of key leaders speaking about why mental wellness is important to them and the value of the Mental Health Checkup Tool.
- Write articles, compose email series, draft newsletter content.
- Design posters and flyers.
- Develop website.
- Segment the campaign and schedule roll out to various groups in your organization and ensure that it reaches all staff over the course of a defined time period (e.g., a few months for a smaller organization up to a year for one that is very large).

Step 5: Promote Mental Health Checkup Tool

It's essential to engage caregivers through both direct communications to their email inbox as well as through their leaders and supervisors.

ACTIVITIES:

- Roll out destigmatization campaign directly to caregivers through email series and newsletters.
- Engage core leaders to disseminate messaging through staff meetings, encourage participation, and model a culture of destigmatization.
- Utilize environmental branding with posters and flyers in hospitals and facilities.

Step 6: Launch Mental Health Checkup

Launching the program will require coordination across leadership, communication teams, and your mental health checkup response team. A project manager is ideal to track roll-out of the various activities and to ensure that the campaign roll-out is coordinated.

ACTIVITIES:

- Disseminate mental health checkup tool using phased approach.
- Track and update project roll-out schedule.
- Monitor volume of checkups, and adjust checkup volume to match staffing.
- Track and report to leadership number of mental health checkups completed, and view/engagement rates for digital resources.

Step 7: Monitor & Respond to Checkup Results

As checkup results begin to come in, a sense of the current mental health within the organization will develop. Although those that complete the checkup may not be representative of the staff as a whole, it can provide a lens on staff mental wellness in addition to potential challenges that need to be addressed.

ACTIVITIES:

- Monitor checkup response rates.
- Review caregiver distress levels reported in checkup.
- Share results with program sponsors and organizational leadership.
- Identify additional actions needed to support units with high distress levels.

Suicide Prevention Training

Emotionally Connect, Partner, and Respond (ECPR)

There is a critical need for widespread suicide prevention training across the general population. While there is significant concern for the mental health needs in our patients and communities, risk of suicide is not localized to our patients. The Providence family of organizations is committed to offering a comprehensive approach to caregiver suicide prevention education.

Our peer-focused Suicide Prevention Training, called Emotionally Connect, Partner, and Respond (ECPR), empowers our caregivers to make a difference in their community and in the workplace. Through a 30-minute, self-paced, online training caregivers learn how to support and respond to their peers, colleagues, family members and community members that may be experiencing a mental health concern. Caregivers can also opt into a 50-minute virtual live training if they wish to have a more interactive experience.

The training provides information about potential warning signs, dispels myths, shares available resources, and gives caregivers the language they need to feel comfortable having a conversation about suicide. While this training is not required, it's highly recommended and incentivized by providing health incentive rewards points through the caregiver well-being benefit program.

For caregivers who complete the Suicide Prevention Training and want to take the next step, Providence partnered with the National Council for Mental Well-Being to offer Mental Health First Aid Training (MHFA). MHFA is a full day, live, training (offered in-person or virtually) which goes beyond prevention into crisis training. Trainees learn to identify, understand, and respond to signs of mental health crisis and severe substance abuse challenges.

Consider that an adequate Suicide Prevention Training and lasting intervention goes hand in hand with an effective destigmatization campaign. It is critical to continually normalize conversations around mental health to combat the persisting stigma and sense of taboo when talking about suicide prevention with others.

Testimonial



"The Suicide Prevention Training is so good. I have personally felt the impacts of death by suicide and seen its' impact on those closest to me. This training provides great advice on how to help others who are struggling.

– PROVIDENCE CAREGIVER

"This training is life-saving."

– PROVIDENCE CAREGIVER

"I am more confident asking if someone is depressed or suicidal after learning that talking about suicide doesn't plant the idea in someone's head."

– PROVIDENCE CAREGIVER

"An excellent overview of suicide with practical ways to impact those around you. Thanks!"

– PROVIDENCE CAREGIVER

"The Suicide Prevention Training was short, authentic, and practical. I was able to apply what I learned immediately."

– PROVIDENCE CAREGIVER

Implementation Steps for Bringing Suicide Prevention Training to Your Organization

Step 1: Research Curriculum

Determine the targeted population, their needs, and the most efficient way to connect with those teams.

ACTIVITIES:

- Outline the organization's unique needs, budget, and goals.
- Research off-the-shelf trainings or decide to develop unique curriculum.
- Evaluate options based on your organization's criteria (see sample criteria matrix below).
- Determine when training will be provided live in-person, live online, or via self-paced module(s)(or a combination of these modes).

Finding the Right Suicide Prevention Training Tool

Training	Scalability: Direct Costs	Scalability: Indirect Costs	Element #1: Warning signs, risk & protective factors	Element #2: Awareness of MH crisis & connection to resources	Element #3: Means Reduction	Notes	Pros	Cons
Training Option #1								
Training Option #2								
Training Option #3								

Step 2: Develop Training

For a lasting intervention, ensure the training is a functional, integrated component of the organization that leaders can infuse into ongoing conversations with their teams and among their spheres of influence. Incorporate the training into regular organizational metrics, goals, and standards of communications. Understand that successful training must go beyond a single conversation about suicide risk.

WHEN DEVELOPING OR CUSTOMIZING A CURRICULUM:

- Be sure to write an engaging and inclusive training presentation appealing to a diverse audience.
- Remember that the primary goal is to provide affirmative language and demonstrate how to connect those in need with meaningful resources.
- Partner with your communications department to align branding and review curriculum.

- Consider providing a visual reminder of the basic steps & resources for participants to put the training into action (e.g., a reference card for employees who have completed the training to place behind their staff identification badges).

ACTIVITIES FOR SELF-PACED MODULE:

- Integrate options for learners to help recall the information and practice. For example, embed a quiz or pauses in the videos to allow learners to try the new skills they are learning.
- Record a clinical mental health professional presenting the training. Edit the footage into a polished video.
- Consider closed captioning and translating into other languages, depending on your workforce.

ACTIVITIES FOR LIVE TRAINING:

- Schedule pilot trainings and collect feedback. Modify training based on feedback.
- Build in opportunities for interaction and practice to maximize the benefit of a live training.

Step 3: Obtain Leadership Buy-in

Determine the organization's appetite for mandatory versus voluntary training taking into account potential associated costs. The more widespread approvals and endorsements extend, the further this program can reach.

ACTIVITIES:

- Receive endorsement and budget approval from Executive Leadership.
- Partner with the employee benefits department to incentivize the training, potentially through rewarding participants for attending.
- Engage departments necessary to identify and address barriers (e.g., legal, risk, communications).

Step 4: Develop Internal Communications Plan

To enhance adoption of this program, caregivers must receive consistent messaging across multiple channels. It is essential to identify the leaders and champions in the organization and partner with them to personally deliver this information into the hands of those who need them. The tool can also be shared in organizational newsletters and corporate communications.

ACTIVITIES:

- Engage key stakeholders (HR and Benefits, Internal Communications, Physicians Groups).
- Identify the best communication tools for sharing messages in your organization.
- Consider merging the communication plan with other mental health initiatives, into one larger mental health communications campaign; although it is important that these offerings not be perceived as coming from the Behavioral Health Department.
- Be sure to communicate about program development often, at all levels, and across channels of the organization.

Step 5: Train Facilitators (for live trainings)

Select staff volunteers who are passionate about suicide prevention. It is helpful if they are experienced facilitators.

ACTIVITIES:

- Determine commitment level/time needed from Suicide Prevention Training facilitators.
- Recruit Suicide Prevention Training facilitators.
- Identify a handful of clinical core leaders who can train and mentor facilitators.
- Host a train-the-trainer session with a chance to practice facilitation of the curriculum.
- Offer opportunities for new facilitators to observe another facilitator or co-facilitate a training.
- Provide support for the new facilitators and give them access to resources.
- Ensure fidelity and efficacy of the training by having participants complete feedback surveys and having more experienced trainers observe newer facilitators.

Step 6: Launch Training

ACTIVITIES FOR LIVE TRAINING:

- Determine maximum number of participants per session.
- Schedule trainings, assign facilitators, and open registration to caregivers.
- Depending on the demand, consider offering one live virtual session per week, on different days and times of the week to work for different time zones and varying schedules.
- Begin rolling out training with departments that could use the skill immediately, such as chaplains working across multiple regions and lines of business.
- Facilitators deliver training, take attendance, and email feedback form to participants.
- Use survey feedback to continually improve training.

ACTIVITIES FOR SELF-PACED MODULE:

- Utilize newsletters or other regular communication tools to get the word out.
- Optimize internal training or HR platforms for broad accessibility.
- Consider push notifications that pop-up until someone has completed the module.

Self-Guided Wellness Tools

The Providence family of organizations provides caregivers self-guided wellness tools available through the Caregiver Assistance Program, internally developed tools, and a web-based mental wellness platform. Many online platforms for self-guided tools have been developed in recent years, especially in light of the pandemic. Organizations seeking to enhance their mental wellness offerings may want to incorporate these new options.

Educational Resources

Many caregivers will use self-help tools before seeking therapy, but they often fail to find credible resources. In addition, when people rely on an internet search for self-help resources to support their mental and emotional wellbeing, they are often overwhelmed or underwhelmed by the results.

Our family of organizations partners with a third-party, mental wellness platform vendor to offer thousands of clinically validated articles, podcasts and videos to help guide caregivers through challenging times. Caregivers can find content based on their preferred learning style and pacing.

Computerized Cognitive Behavioral Therapy (cCBT)

Caregivers can go beyond self-help by accessing self-paced, online modules through our CAP, which supports a variety of mental health issues such as depression or anxiety. cCBT is backed by science and can be comparable to working with a therapist for many individuals.

Leading Through Burnout

In response to the Covid-19 pandemic and unprecedented levels of caregiver stress, Providence created an internal website designed to provide resources within two clicks, for both leaders and caregivers. Leading Through Burnout draws on burnout research from the University of California Berkley's Interdisciplinary Center for Healthy Workplaces, which identifies six key drivers of burnout (Pijpker, 2019). For each driver of burnout, the site contains practical tools and concrete examples of what leaders and caregivers can do to support themselves and their teams. Our aim is to prevent burnout before it happens and to actively address burnout when it occurs.

Care for Your Team: Ways to Work on Burnout Together

Drivers of Organizational Burnout

Many things contribute to burnout on a team.

These six “drivers” help you understand what may be happening on your team and how to tackle it.

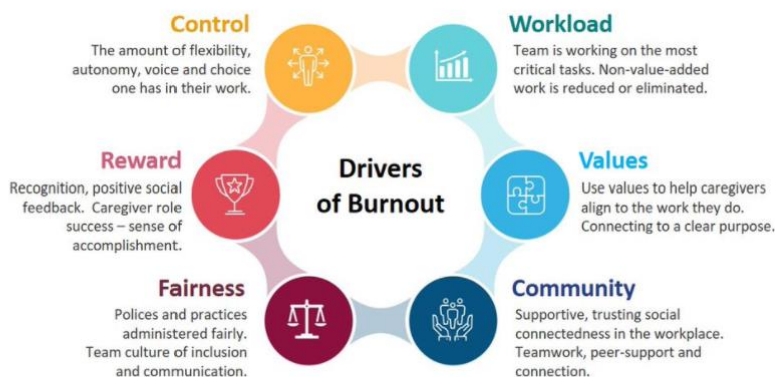


Download and share information about the six burnout drivers and the three dimensions of burnout.

“We’ve put the burden of solving the problem squarely on the shoulders of individual employees.

We desperately need upstream interventions, not just downstream tactics.”

– Jennifer Moss, ‘Beyond Burnout’,
Harvard Business Review



Inspired by research from C. Maslach, M. Leiter, S. Jackson:
Making a difference with burnout interventions: Researcher and practitioner collaboration

Testimonials



“The activities are organized, thought-provoking, and impactful.”

– PROVIDENCE CAREGIVER

“The platform was easy to navigate, and the app made it that much easier to get the help I needed. When I reached out for support, I received outstanding communication.”

– PROVIDENCE CAREGIVER

Implementation Steps for Bringing Self-Guided Tools to your Organization

Step 1: Conduct Gap & Asset Analysis

As a starting point, it's important to understand what self-guided tools are already available across your organization. There may be a myriad of available self-paced tools, but employees are not aware of the resources or may find navigating the many tools confusing.

ACTIVITIES:

- Identify self-guided tools already available through the organization and EAP benefits.
- Assess where self-guided tools fit in your continuum of mental health services. Which programs could benefit from self-guided tools?
- Identify any needed tools that are missing.
- Is there a need to increase awareness about existing tools?
- Are all self-guided tools available via a single-entry point and organized in a way that is easy for employees to access?

Step 2: Assess Options to Fill Gaps

If gaps are identified work with stakeholders to develop a plan to fill gaps. This will include determining where off-the-shelf solutions can be purchased, versus building something in-house to meet the organization's specific needs.

ACTIVITIES:

- Assess self-guided tool providers/platforms to determine if any meet the organization's needs and budget.
- Scope developing a solution in-house.
- Decide whether to buy or build.

Step 3: Develop Digital Front-Door for Self-Guided Tools

It is important to have a single front door for simplifying access across all Mental Wellness offerings. Ideally, self-guided tools are included as part of a digital front door for all mental wellness resources. Alternatively, there could be a digital front door just for self-guided mental wellness tools.

ACTIVITIES:

- Consider if there is an existing front door (e.g., HR site, main mental health site), that can be enhanced with a mental health front door.
- If not, consider building a new website or leveraging in-house tools like SharePoint.
- Partner with HR to build/enhance the digital front door.

Step 4: Develop Internal Communications Plan

Consider that caregivers are often already operating at full capacity and may not feel there is spare time to read an extra email or look at another website, even if it is there to support them. An effective communications plan must go beyond just sending an email with a link.

- Engage key stakeholders (HR and Benefits, Internal Communications, Physicians Groups).
- Identify best communication tools for sharing the message in your organization.
- Consider merging communication plan with other mental health initiatives, into one larger mental health communications campaign.

Step 5: Implement Program

- Launch any new self-guided tools/platforms.
- Launch communications campaign.

Core Leader Outreach

There are over 120,000 caregivers and 7,000 leaders in the Providence family of organizations. We created our Core Leader Outreach program to ensure each of them is informed about the mental health and wellness resources that are available. One element of this is providing interventions and support to core leaders who can then provide direct support to their teams.

We proactively reach out to core leaders through small batch emails inviting them to schedule a check-in with our in-house Wellness Consultants, made up of behavioral health providers and chaplains. Core leaders can also self-schedule a consultation through our on-line, Core Leader Hub. The overall purpose of these visits is to offer a supportive, safe space for the core leader to speak about how they and their teams are doing, mention any pain points, and highlight what they are proud of.

During these visits, the Wellness Consultants also share a variety of mental health resources designed to support core leaders and their teams, including in-house offerings as well as resources through our Caregiver Assistance Program (CAP) partner.

The consultant makes recommendations based on the unique needs of the core leader and their team. Wellness Consultants may suggest some or all of the following approaches to support caregivers:

- debrief with their teams after shifts
- hold emotional support huddles
- incorporate a culture of wellness into team meetings and check-ins
- encourage caregivers to check in about their daily stress level
- offer breathing exercises
- use digital mental wellness tools and apps which can provide easy access to a variety of wellness exercises, free of cost

After the meeting, the Wellness Consultant sends a follow-up email reviewing what was discussed and includes links to recommended resources. This follow-up email also includes a request for the core leader to fill out a brief survey about their experience so we can continue to improve the program. Wellness Consultants can also present resources to caregiver teams when invited by the core leader.

Within 48 hours of the meeting, the Wellness Consultant fills out a post-meeting survey identifying the key drivers of burnout for this leader, based on the Six Drivers of Burnout model developed by researchers at the University of California Berkley's Interdisciplinary Center for Health Workplaces (Pijpker, 2019).

Inspired by research from C. Maslach, M. Leiter, S. Jackson; Making a difference with burnout interventions: Researcher and practitioner collaboration

Collecting drivers of burnout data from core leaders allows leadership teams to gain deeper insight into caregiver needs that are not being met and to work strategically to address the top drivers of burnout within their region or department. This feedback loop to leadership is essential for moving from a focus on building resilience in individuals and teams to building an organization that prioritizes proactively supporting the wellbeing of all caregivers.

Testimonials



"My Wellness Consultant was patient and easy to talk to, making it easier to open up and be vulnerable. Thank you, Providence, for offering such a vital service to Core Leaders."

– PROVIDENCE CORE LEADER

"Covid has profoundly impacted everyone's stress and quality of life. Vital programs like this make it easier for leaders and caregivers to cope with that stress."

– PROVIDENCE CORE LEADER

"My Wellness Consultation was enjoyable and provided me with ample resources for me and my team. Thank you for making these resources more accessible for everyone."

– PROVIDENCE CORE LEADER

A Moment of Gratitude



"Recognizing that her colleagues on the Covid unit were dealing with stress, a nurse shared the story about her patient suffering from advanced dementia. The patient, who also had Covid, had to be redirected to his room more than 20 times in a single shift. She was physically and emotionally exhausted. Yet, when her patient was FaceTiming with his nephew and recognized his face, her heart melted, and all of the stress and exhaustion went away. Sharing that moment of gratitude reinvigorated her team. This simple act of gratitude has benefited all of our caregivers."

– PROVIDENCE CORE LEADER

Implementation Steps for Bringing Core Leader Outreach to Your Organization

Step 1: Define Program Goals

Jumpstart this program by identifying which areas in your organization could use support most urgently. Buy-in from the executive levels of leadership is essential to scaling this across the organization.

ACTIVITIES:

- Identify teams and/or areas with the most urgent need for support (e.g., via existing annual staff engagement/burnout surveys).
- Identify and meet with executive leadership who can champion this program.
- Create a plan for long-term targeted audience and reach.

Step 2: Identify Program Staff

Wellness Consultants are a key component of this program. You might allocate a budget for hiring new roles or redirect a handful of existing staff for a few hours per week. Consider that a program manager may be needed as well.

ACTIVITIES:

- Determine how many core leaders the program will consult with annually and translate that into the number of Wellness Consultant hours needed per week.
- Determine if there is a budget available for Wellness Consultant staff. If not, existing staff will need to be allocated to the program.
- Create a job description for potential Wellness Consultants.
- Determine whether to staff roles internally or post new positions, and the number of hours per week for each role.
- If staffing internally, identify departments with potential to 'loan' staff to the program. Consider internal mental health staff, chaplains, or social workers.
- Partner with leaders of candidate departments to identify who could allocate Wellness Consultant staff.
- Appoint a Program Manager and Clinical Lead if needed.

Step 3: Core Leader Data

Sourcing, and then managing, core leader data can be tricky. It may be useful to start by simply managing core leader data in a spreadsheet, then expanding to a more robust data management solution as the program progresses.

ACTIVITIES:

- Define who will be included in core leader outreach. Will you include managers and above with a certain number of direct reports?
- Obtain reports from HR which include staff who meet your core leader criteria, including core leader names, location, and email address.
- Determine if it is acceptable to store core leader data in spreadsheets, or if a more robust Customer Relationship Management (CRM) system or HR-integrated solution is needed (consider security, as well as program needs).

Step 4: Define Workflow

The Core Leader Outreach program includes multiple process steps, starting with inviting the core leader to participate in a consultation, and ending when data about the session is recorded by the Wellness Consultant. The sequence of steps in the program workflow needs to be identified, as well as any technology needed to support each activity.

ACTIVITIES:

- Conduct a process development session with key program stakeholders/roles.
- Document process flow in a swim-lane style process flow document.
- Determine how invitations to consultations will be sent to core leaders. Consider using mail merge to generate personalized email invitations.
- Determine how appointments will be scheduled. Appointments can be scheduled via admin support, or consider online schedulers such as MS Bookings, a low-cost tool that streamlines scheduling consultation sessions.

- Determine what if any data will be collected during sessions and how this will be recorded.
- Determine what, if any, follow up communication will be sent to the core leader after the session.
- Determine your team's capacity to offer follow up sessions (for example at three- or six-month intervals) or additional presentations to teams if invited by the core leader.

Step 5: Develop Wellness Consultant Training

Consultants must be deeply knowledgeable about the resources available to core leaders and caregivers. If you have a robust menu of offerings, the Wellness Consultants will require training to ensure they are familiar and confident with the resources. Keep in mind that Wellness Consultants are not acting as therapists during these sessions, but as supportive thought partners for core leaders.

ACTIVITIES:

- Develop training and quick reference materials:
 - Quick reference guide of resources Wellness Consultants may want to share with the core leader
 - Session guide with step-by-step instructions
 - Quick reference guide for each technology being utilized (data collection forms, appointment scheduler, etc.)
 - Record a Wellness Consultation demo video
 - Schedule & deliver training sessions
 - Consider offering a shadowing opportunity for new Wellness Consultants so they can see a session in real time
 - Hold monthly roundtable for Wellness Consultant collaboration and feedback
 - Create a virtual space (for example, on Microsoft Teams) for Wellness Consultants that can act as a library for resources and a place for questions and team support

Step 6: Launch Program

- Send core leader consultation invitations. Start small and slowly increase the number of invitations based on the availability of your Wellness Consultants.
- Monitor invitations that convert to appointments and adjust number of invitations sent to align with Wellness Consultant capacity.
- Share information about core leader consultations in leaders' newsletters.
- Solicit feedback from core leaders through follow-up surveys.

Peer-2-Peer Support Network

Peer support is a technique borrowed from the fire and paramedic disaster preparedness community. Caregivers do better overall when they receive the supportive presence from a peer willing to listen and help them unpack their experience and know that they are not alone. Peer support can also help caregivers feel more comfortable accessing professional mental health support when it is needed.

Peer support is a key component of second victim support, especially when there is an unexpected outcome or event, involving a patient or peer. We consider these situations opportunities for proactive outreach to affected caregivers by a trained peer supporter.

Traditionally, peer support programs are rolled out one facility at a time, requiring significant manual administrative work for each facility. In the Providence family of organizations, we are scaling our peer support network by offering a 6-hour, self-paced, virtual training practicum to develop a network of trained peer support volunteers.

We are also developing a digital app for matching and connecting peer supporters with those seeking support, which will automate an administrative aspect that can typically be a heavy burden. The app will include a centralized registry of peer supporters that allows volunteers to indicate their availability for both local and virtual meetups, regardless of local geography. Caregivers seeking support can select a peer based on their preference such as gender, role, languages spoken, or other special interests.

Although the digital app offers the benefit of providing peer support regardless of geography, we also recognize there is an organizational, cultural benefit to building up a healthy local network of peer supporters. Local peer support chapters can create a sense of community among peer supporters. To facilitate this process, our teams are creating a guidebook that outlines how to appoint a local chapter lead who can pull together an advisory committee to strategically promote the local network. This guidebook will go hand in hand with the app, so that local networks can still exist, but with the administrative workflow streamlined by the app. With training also digitally automated, local chapters can focus on recruiting peer volunteers rather than managing administrative logistics.

Implementation Steps for Bringing Peer Support to Your Organization

Step 1: Create Shared Agreement

Executive leadership must agree that peer support is a valuable addition to the mental wellness continuum of offerings already in place.

ACTIVITIES:

- Initiate conversations among department leads, executives, and lines of business leadership about the need for a peer support network.
- Create and gain approval of a project charter.
- Identify key performance indicators/metrics of success.

Step 2: Secure Training

Determine if purchasing an off-the-shelf training for volunteer supporters or developing a customized training would be the better option.

WHEN DEVELOPING OR CUSTOMIZING A CURRICULUM:

- Be sure to write an engaging and inclusive training presentation appealing to your diverse audience.
- Record a clinical mental health professional presenting the training. Edit the footage into a polished video.
- Consider closed captioning and translating into other languages, depending on your workforce.
- Partner with your human resources department to incentivize the training.

Step 3: Arrange Administrative Systems

Creating a digital app or website to house your centralized registry of peer supporters will allow the organization to streamline the administrative aspect of a peer support program to scale the program more easily across the organization.

ACTIVITIES:

- Decide to either develop a digital app or establish manual administrative systems to manage referral process.
- If manually managing the program, appoint a Referral Manager. Job duties may include managing an inbox, scheduler, SharePoint site, telephone line, and a database of peer support volunteers.

Step 4: Develop Internal Communications Plan

To enhance adoption of this program, caregivers need consistent messaging across all channels on how to access mental health support. It is essential to identify the leaders and champions in your organization and partner with them to personally deliver these tools into the hands of those who need them. You can also share these tools and resources in organizational newsletters and corporate communications.

ACTIVITIES:

- Engage key stakeholders (HR and Benefits, Internal Communications, Physicians Groups).
- Identify best communication tools for sharing the message in your organization.
- Consider merging the communication plan with other mental health initiatives, into one larger mental health communications campaign.
- Be sure to communicate about program development often, at all levels, and across channels of the organization.

Step 5: Recruit Volunteers

Encourage caregivers to nominate peers they believe would make excellent peer supporters.

ACTIVITIES:

- Address any associated labor relations and compensation concerns.
- Create an email address for caregivers to send nominations.
- Follow-up with nominees to determine if they can volunteer for the program.

Step 6: Develop Network of Trained Peer Supporters

This step includes developing training content, training the trainers, and training the peer support volunteers.

ACTIVITIES:

- Develop training curriculum.
- Train the Trainers.
- Assign trainers.
- Schedule trainings.

Step 7: Market Program

Caregivers may need to hear about the program for several weeks or months before they take the initiative to become involved or consider nominating a colleague.

ACTIVITIES:

- Share program in employee newsletters.
- Encourage core leaders to share program details with their teams.

Step 8: Ongoing Support

For this program to be successful, it is important to support the ongoing growth of the peer support network. Nurturing both a virtual and in-person network is optimal so caregivers can engage in peer support based on their unique preferences.

ACTIVITIES:

- Continue building new peer support chapters.
- Assist peer supporters to continue developing their skill through ongoing education and offering post-training follow-up.

Caregiver Assistance Program (Employee Assistance Program)

In addition to accessing care through employee health benefits, caregivers and their household members have access to coaching or therapy visits through our Caregiver Assistance Program (Employee Assistance Program). To operationalize this, the Providence family of organizations uses an external vendor that provides 24/7 telephone access (including crisis support), in-person and tele-therapy, mental health coaching, and a robust offering of self-guided tools and work-life programs. In addition, the Caregiver Assistance Program provides core leaders with specialized support for them and their teams as they navigate mental health situations among their team members. These can include critical incident support, mandatory referrals, and fit for duty evaluations.

Most organizations have an Employee Assistance Program (EAP), but many fall short of their intended impact because there are not adequate services nor timely access to mental wellness support. The pandemic made it clear that employees need a higher number of visits per year, and resources must be made available within 24 hours of seeking help, rather than the typical 2-3 weeks. We are proud to share that utilization of therapy services through the EAP has more than doubled with the aforementioned changes. This move has changed our organizational culture and assisted in minimizing stigma around getting support for mental health concerns.

In addition to enhancing our Caregiver Assistance Program offerings, the Providence family of organizations has invested in promoting this program and is encouraging our caregivers to adopt it. Core leaders are strongly encouraged to mention Caregiver Assistance Program mental wellness resources organically in team huddles and it is also shared widely in caregiver newsletters.

Behavioral Health Concierge

In partnership with our Caregiver Assistance Program (CAP), the Providence family of organizations has developed the Behavioral Health Concierge, an in-house team of clinical mental health professionals specifically available to caregivers and their dependents. This service is covered through our CAP external vendor to comply with HIPAA privacy considerations. Concierge therapists work completely virtually and are licensed in multiple states where caregivers reside. They work on a brief interventions model, offering short-term and goal-focused therapy.

Caregivers face unique mental health challenges and traditional EAPs might refer caregivers to therapists in the community who may not understand the particular psychological challenges an Intensive Care Unit doctor is facing, for example. As such, when seeking therapy through our Caregiver Assistance Program, caregivers are referred to the specialized concierge professionals as the preferred option before being referred to a therapist in the community.

Caregivers find the Behavioral Health Concierge through wellness communications such as the caregiver newsletter. Core leaders often invite the Behavioral Health Concierge to offer talks at staff meetings, as the Behavioral Health Concierge is an additional resource in the Core Leader Outreach program.

While the Behavioral Health Concierge is a wonderful resource for many caregivers, Providence's Caregiver Assistance partner also has a network of mental and behavioral health professionals across 50 states for those caregivers who may have different needs.

Testimonial



"I was surprised by how easy it was to schedule and consult with a therapist in less than a week. Both the platform and the therapy were exceptional."

– PROVIDENCE CAREGIVER

"My therapist takes the time to listen and address my concerns and has been so helpful in my recovery."

– PROVIDENCE CAREGIVER

"The platform that my previous company used made it nearly impossible to get an appointment, so I delayed seeking care. This program has been refreshingly easy to use. In particular, I love the ability to do virtual appointments with my therapist. The structure of the platform and the tools available are a perfect fit for my busy life."

– PROVIDENCE CAREGIVER

Implementation Steps for Optimizing the Caregiver Assistance Program (CAP)

When incorporating your Caregiver Assistance Program into your organization's No One Cares Alone suite of programs, keep in mind that optimizing available services and promoting adoption of the program to caregivers is key. The menu of services must feel seamlessly coordinated to the caregiver.

Step 1: Develop Human Resource/Mental Health Partnership

The Human Resources Benefits team and Mental Health leadership team partnership is essential when optimizing utilization of a Caregiver Assistance Program. Be sure to consider the limitations of HR's involvement to maintain ERISA and HIPAA compliance.

ACTIVITIES:

- Initiate conversations with HR and MH leadership.
- Establish shared agreement about the need for No One Cares Alone programming and robust CAP offerings.

Step 2: Optimize CAP Utilization

Working with HR and MH, develop an understanding of the current Caregiver Assistance Program, its utilization in your organization, and opportunities for improvement.

ACTIVITIES:

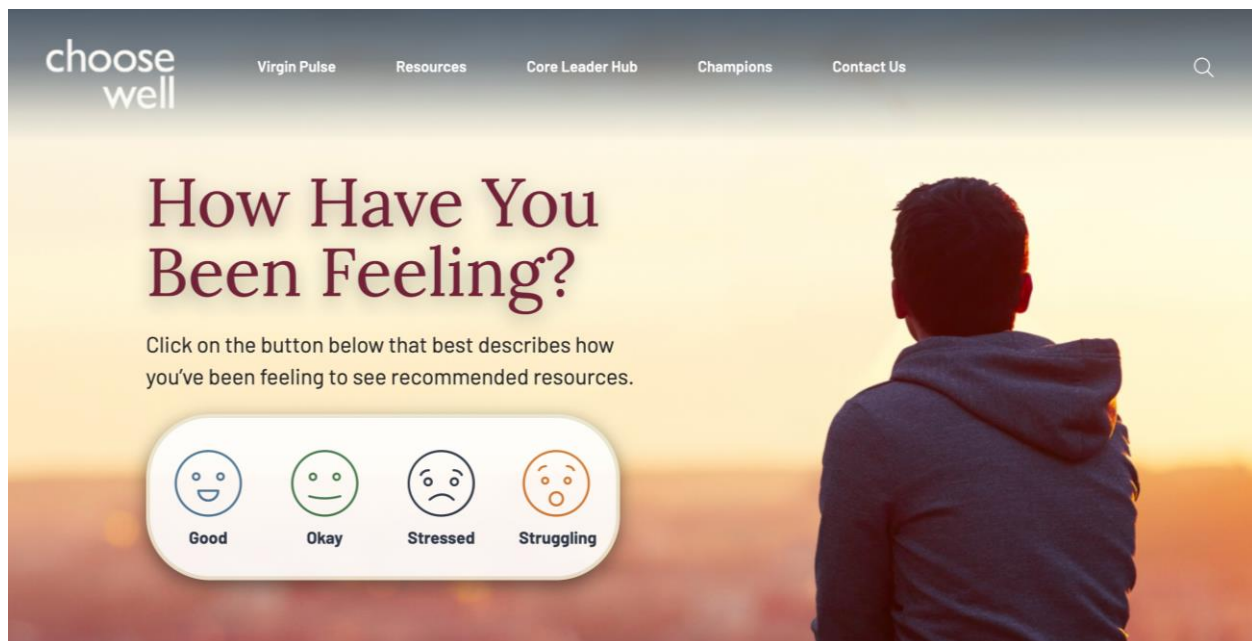
- Analyze existing CAP utilization survey data.
- Strategize to increase adoption and engagement. Enhanced accessibility increases utilization of CAP services.
- Ensure your CAP partner is reachable 24/7 and offers crisis support, as mental health provider availability is an issue affecting the entire field. Along these lines, ensure caregivers receive a response from a mental health professional within 24-48 hours of reaching out so they maintain momentum for their mental wellness journey.
- Ensure services are available seven days a week, with extended hours such as 7am-8pm. Offering flexibility in scheduling will increase the likelihood that caregivers will seek help.
- Maintain the strictest standards for confidentiality and ERISA and HIPAA compliance and take necessary measures to ensure caregiver information is stored confidentially, so they feel more comfortable reaching out.

Step 3: Develop Digital Front Door

It is important to have a single front door for simplifying access to CAP offering for caregivers, according to caregiver needs and preferences, and eliminating confusion about where to find resources.

ACTIVITIES:

- Take an inventory of all the programs and tools currently in place meant to support caregiver mental wellness. Note where there is overlap, what can be simplified, and where there are gaps in your offering.
- Organize existing tools and offerings into buckets according to how they support caregivers, noting what is being utilized and what may be underutilized.
- Identify critical areas with no solutions in place yet.
- Organize the available solutions behind a digital front door. Consider if there is an existing front door (e.g., HR site, main mental health site), that can be enhanced with a mental wellness front door.
- If not, consider building a new website or leveraging in-house tools like SharePoint. Partner with HR to build or enhance the digital front door.
- Promote and disseminate the digital front door.



The Choose Well digital front door directs caregivers to relevant resources

Step 4: Develop Internal Communications Plan

To enhance adoption of your Caregiver Assistance Program, caregivers must receive consistent messaging across channels on how to access mental health support.

ACTIVITIES:

- Engage key stakeholders (HR and Benefits, Internal Communications, Physicians Groups, Mental Health, etc.).
- Identify the best communication tools for sharing the message in the organization.
- Consider merging communication plan with other mental health initiatives, into one larger mental health communications campaign.
- Be sure to communicate about program development often, at all levels, and across channels of the organization.

Step 5: Consider In-House Behavioral Health Concierge

If needed, consider an in-house mental health concierge to supplement your Caregiver Assistance Program. Keep in mind that a large organization may be required to offer therapy in every state where their caregivers reside, so an in-house concierge serves to enhance the overall offering to caregivers, but cannot replace an EAP.

ACTIVITIES:

- Determine what the organization currently spends on EAP mental wellness services.
- Analyze if the resources exist to start an internal behavioral health, caregiver facing team.
- If the organization is self-insured, consider whether this internal team could be contracted by a third-party, like your health plan partner. In this way, the organization could maintain HIPAA compliance and still pay itself for these services, becoming revenue neutral, if not profitable.
- Recruit a narrow network of therapists who have a thorough understanding of the unique cultural challenges experienced by the healthcare workforce.

Conclusion

Regardless of your starting point, one great place to start is connecting caregivers to existing resources in an intelligently curated way, such as creating a stress meter and digital front door. When done in a straightforward, meaningful way, there can be significant pay off to this approach.

Remember that it is often difficult for caregivers to raise their hand and ask for help. We want to ensure that resources are known and easily accessible when they do seek help.

It is also important to normalize help-seeking behavior. Truly destigmatizing, sharing informational content and frankly talking about accessing appropriate care is vital to accomplishing this aim. Everyone, including executive leaders, needs to be able to openly talk about why their mental health matters. When they do, it gives people permission to be vulnerable to share and talk about what they may be experiencing in their own life.

Caring for the mental wellness needs of healthcare workers can no longer be just a priority, it must be a prerequisite. Only then will we be able to provide better care for our patients – and each other.

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