Wisconsin Public Psychiatry Network Teleconference (WPPNT)

- This teleconference is brought to you by the Wisconsin Department of Health Services (DHS), Division of Care and Treatment Services, Bureau of Prevention Treatment and Recovery and the University of Wisconsin-Madison, Department of Psychiatry.
- Use of information contained in this presentation may require express authority from a third party.
- 2024, Daniela Guerrero, Reproduced with permission.

WPPNT Reminders

How to join the Zoom webinar

• Online: https://dhswi.zoomgov.com/j/1606358142

• **Phone:** 669-254-5252

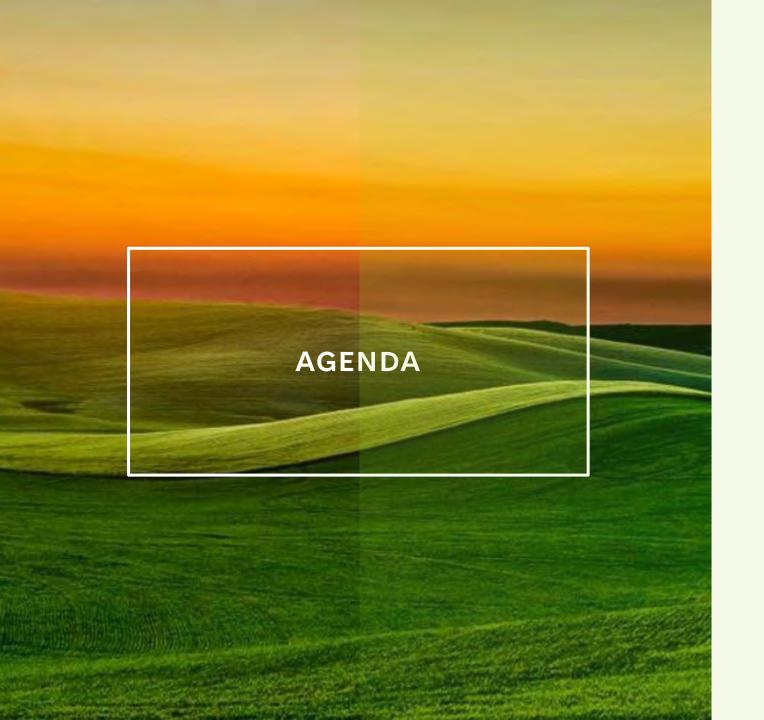
• Enter the Webinar ID: 160 635 8142#.

- Press # again to join. (There is no participant ID)

Reminders for participants

- Join online or by phone by 11 a.m. Central and wait for the host to start the webinar. Your camera and audio/microphone are disabled.
- <u>Download or view the presentation materials</u>. The evaluation survey opens at 11:59 a.m. the day of the presentation.
- Ask questions to the presenter(s) in the Zoom Q&A window. Each presenter will decide when to address questions. People who join by phone cannot ask questions.
- Use Zoom chat to communicate with the WPPNT coordinator or to share information related to the presentation.
- <u>Participate live to earn continuing education hours</u> (CEHs). Complete the evaluation survey within two weeks of the live presentation and confirmation of your CEH will be returned by email.
- A link to the video recording of the presentation is posted within four business days of the presentation.
- Presentation materials, evaluations, and video recordings are on the WPPNT webpage: https://www.dhs.wisconsin.gov/wppnt/2024.htm

WORKING WITH LIVED EXPERIENCE: SELF-CARE IN MENTAL HEALTH DANIELA GUERRERO, MA, LPC



Acknowledgements

My Lived Experience

Burnout

Self-Care

Cultural Considerations

ACKNOWLEDGEMENTS

- We acknowledge that we are on native land of the Ho-Chunk nation
- We acknowledge that the mental health care system in the United States is largely Eurocentric, contributing to the erasure of indigenous practices and those of other marginalized groups



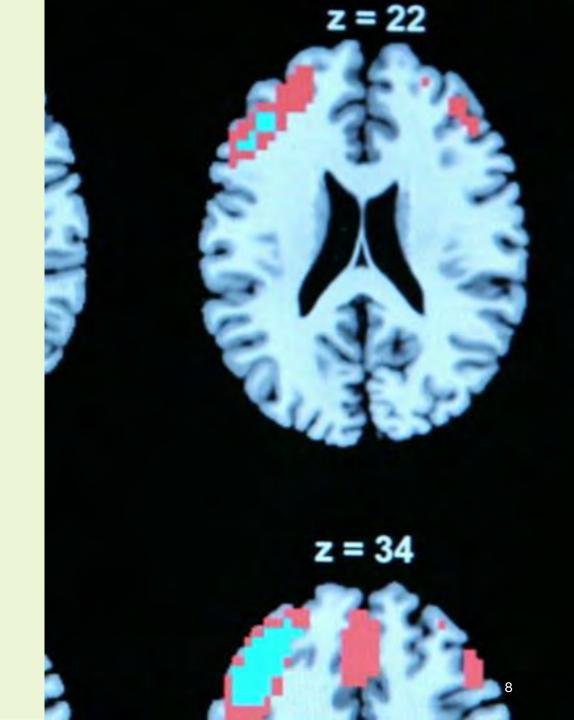


MY LIVED EXPERIENCE



- Anger/Irritability as a child
- SI began at 12 y.o.
- Hospitalization at 17 y.o.
- Suicide attempt at 20 y.o.
 - Intensive Outpatient
 - Neuropsychological evaluation
- Mania at 20 y.o.
- Several attempts throughout adulthood
- ECT in 2021

WORKING WHILE MENTALLY ILL



ECT

CHRONIC SUICIDALITY

BIPOLAR DISORDER

ECT

- Electroconvulsive Therapy
- 2021
- Memory Loss

Chronic Suicidality

- Started age 12
- Feeling stuck can trigger SI
- Heaviness of caseload

Bipolar Disorder

- Loss of self-care
- Depression is debilitating
- Mania is unpredictable
- Compliance to medications is crucial



NEGATIVE CORE BELIEFS

"I am defective"

- + "I am trapped"
- + "I'm not good enough"
- + "I am responsible"
- = imposter syndrome

Imposter syndrome:

feeling like a fraud, experiencing self-doubt and feelings of inadequacy, especially in occupation

SELF-CARE

Breaks will help with efficiency and focus

- Macro-breaks
 - ❖ At least one day off a month
- Meso-breaks
 - ❖ At least 1 hour a day
 - Boundaries before and after scheduled work hours
- Micro-breaks
 - Short breaks throughout the day up to 15 minutes

Basic needs

- Nutrition, hydration, sleep, breathing
- ❖ Lack of sleep will always worsen symptoms
- Medication Compliance

❖ Time off

- Schedule days off in advance
- Consider taking the day off when struggling with SI – therapy sessions are not appropriate for "distraction"

❖ Incorporate movement

- You can't logic out of dysregulation
- Stillness is not always what is needed
- Stretching, walking, changing seated position

SELF-CARE

- **❖** THERAPISTS NEED THERAPY
- Try techniques you teach clients
- Mindfulness
- ❖ Schedule your day...entirely
 - Account for downtime, naps, commute, etc.
- Maintain creativity
- ❖ Vitamin D
 - Get blood work done
 - Happy Lamp

- ❖ Spend time in nature
 - ❖ Decreased stress levels, depression, anxiety
 - Results in more physical activity and better cardiovascular health
- Have a good support network (professional and personal)
- Schedule meals into your day
- Spirituality
- Hobbies are essential
- ❖ Keep your space peaceful

BURNOUT IN MENTAL HEALTH PROFESSIONALS

Burnout

- 45% of mental health professionals reported burnout in 2022
- Prevention is not only on worker; employers must view causes at an organization level
- People with workplace burnout have a 180% increased risk of depression
 - 84% increased risk of type 2 diabetes

- My experience (aka symptoms of burnout)
 - Apathy towards job and clients
 - Dreading sessions
 - Calling off work
 - Fatigue
 - Depression
 - Restlessness
 - ❖ Increased negative self-talk
 - Difficulty concentrating

BURNOUT IN MENTAL HEALTH PROFESSIONALS (CON'T)

- Risk factors:
 - Increased levels of burnout among less experienced therapists
 - Increased level of burnout among mental health professionals in community work than private practice

- Work-related characteristics:
 - Higher workload
 - Supervision/Peer consultation
 - Experience level

STATISTICS FOR MENTAL HEALTH PROFESSIONALS

- 30% of mental health professionals disclose having SI at some point
- 4% reported having a suicide attempt
- Generally, mental health professionals have a higher mental illness rates than the general population

- Prevalence rates of depression across 65 studies:
 21.7%
- Prevalence rates of anxiety across 65 studies:
 22.1%
- Prevalence rates of PTSD across 65 studies: 21.5%

CULTURAL FACTORS IN MENTAL HEALTH PROFESSIONALS

- Representation among psychotherapists (77% white):
 - Marriage and Family Therapists
 - Asian/Pacific Islander 3.7%
 - Hispanic 9.96%
 - Black 12%
 - Social Workers
 - Asian/Pacific Islander 3.4%
 - Hispanic 10.6%
 - Black 19.75%
 - Native American 0.5%

- BIPOC therapists are leaving their positions at an increasing rate
- Increasing demand for BIPOC mental health providers = higher workload
- Multilingual therapists rarely compensated for use of non-English language
- Effects of racial and systemic oppression among BIPOC therapists
 - 85% of BIPOC healthcare workers experience racial discrimination, structural racism to interpersonal racism

THANK YOU

Daniela Guerrero, MA, LPC

Contact info (my opinions are my own and do not reflect opinions of the clinic):

QUEST Counseling and Consultation Center

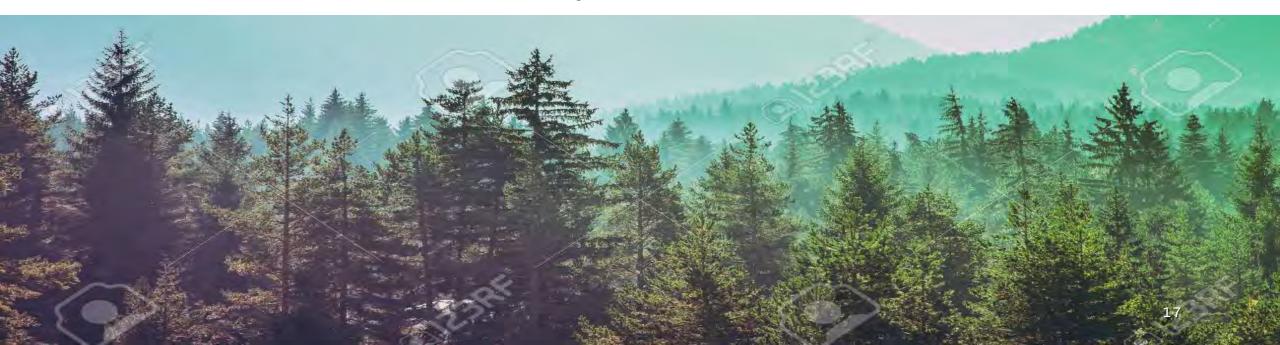
<u>Daniela.Guerrero@questmadison.com</u>

608-567-4465 x108

Social Media:

TikTok: DecolonizingMentalHealth

Instagram: DanielaGuerreroLPC



REFERENCES



- Fond, G., Fernandes, S., Lucas, G., Greenberg, N., & Boyer, L. (2022). Depression in healthcare workers: Results from the nationwide AMADEUS survey. International journal of nursing studies, 135, 104328.

 https://doi.org/10.1016/j.ijnurstu.2022.104328
- Fuller, K. (2022, April 21). Mental health among mental health practitioners. Psychology Today. https://www.psychologytoday.com/us/blog/happiness-is-state-mind/202204/mental-health-among-mental-health-practitioners
- Jimenez, M. P., DeVille, N. V., Elliott, E. G., Schiff, J. E., Wilt, G. E., Hart, J. E., & James, P. (2021). Associations between Nature Exposure and Health: A Review of the Evidence. International journal of environmental research and public health, 18(9), 4790. https://doi.org/10.3390/ijerph18094790
- Kyere, E., & Fukui, S. (2023). Structural Racism, Workforce Diversity, and Mental Health Disparities: A Critical Review. Journal of racial and ethnic health disparities, 10(4), 1985–1996. https://doi.org/10.1007/s40615-022-01380-w
- Li, Y., Scherer, N., Felix, L., & Kuper, H. (2021). Prevalence of depression, anxiety and post-traumatic stress disorder in health care workers during the COVID-19 pandemic: A systematic review and meta-analysis. PloS one, 16(3), e0246454. https://doi.org/10.1371/journal.pone.0246454
- Reichard, R. (2023). Self-care for latinas: 100+ ways to prioritize & rejuvenate your mind, body, & spirit. Adams Media, an