Mental Health and Wellbeing:
Field Scan and Literature Review

Introduction

In alignment with its focus on grantee-centric philanthropy and through needs identified by grantees and the foundation, the Peery Foundation has recently launched the pilot of their Mental Health and Wellbeing Initiative. The purpose of the initiative is to provide funding to organizations to support the mental health and wellbeing of grantee staff. The pilot program, currently funding the first cohort of five Bay Area grantees, will support a variety of needs identified by long-term grantees to support staff wellbeing, and address the impacts of work-related stress, burnout, and vicarious and secondary trauma. Consistent with the foundation’s grantee-centric approach, funding for the first cohort is largely unrestricted – focused primarily on the mental health and wellbeing priorities identified by the grantees and the activities and strategies they have identified to address these priorities. In addition to learning from the grantees’ needs and experiences implementing these efforts, the Peery Foundation is interested in learning about other initiatives focused on addressing staff wellbeing, with a special focus on best practices and the outcomes they support for organizations in the social sector. The Peery Foundation engaged Learning for Action as their learning partner for this pilot program. At the start of the engagement, LFA conducted a field scan and literature review to provide the Peery Foundation with information on the state of the field in terms of staff wellbeing initiatives and their outcomes.

The Peery Foundation prioritized the following learning question for this field scan and literature review: What trends and best practices exist in the field related to promoting employee mental health and wellbeing at nonprofits and philanthropic organizations? LFA began the scan with a focus on research and resources from the social sector, grantmaking, and philanthropic organizations. However, because there were a limited number of resources specific to social and philanthropic sectors, we expanded the search to include organizations in the private sector. The summary of findings below is organized into three sections: promising practices; successful outcomes; and research demonstrating the organizational impact of employee wellness programs. Relevant findings from specific sources, including links to full-text articles and resources (where available) are included in the appendix. The appendix details resources (e.g. reports and case studies) from peer organizations and field leaders in employee wellbeing that share promising practices and outcomes of organizational efforts to promote mental health and wellbeing at work, as well as more formal academic, research-based, and peer-reviewed sources that aim to demonstrate the extent to which existing evidence connects staff wellbeing and organizational investment in staff wellbeing to individual outcomes as well as broader measures of organizational success.¹

Summary of Findings

The summary of findings below is organized by learning sub-question, each aimed at answering one aspect of the overall learning question above.

¹ Note: We did not conduct an exhaustive meta-analysis; this is a summary of resources identified in limited research hours.
What employee wellbeing practices best support staff of organizations working in the social sector?

The field scan highlighted best practices of organizations leading the charge in supporting staff by effectively integrating mental health and wellbeing practices and programs in the workplace. The specifics of each program varied by organization, but an overarching theme of successful implementation was the genuine commitment of the organization and its leadership to staff wellbeing and support to staff at all levels. Findings indicate that the practices are most likely to be used by staff when they are made easily available to staff (e.g. at low or no cost to staff or scheduled during the workday so that staff are not adding to their already busy schedules). Examples of promising programs and practices to support staff wellbeing include:

- Organizations encouraging, and providing resources for, meaningful and proactive self-care among staff, such as counseling, peer support groups, and mindfulness practices [1, 2, 3]
- Destigmatizing and normalizing mental health discussions, providing spaces for employees to share their experiences with mental health issues (e.g., anxiety, depression, etc.), and encouraging them to seek treatment [1, 3, 4, 5]
- Providing relevant education and trainings on resiliency and stress-reduction [1, 2, 6, 7]
- Providing staff with resources to get an assessment of their overall mental and physical health with personalized coaching to help meet wellness goals [2, 6, 7]
- Leadership training and a commitment among leadership to model wellness and demonstrate a commitment to wellbeing of staff [7, 8]
- Creating and upholding policies that promote employee wellbeing, such as ensuring that employees take mandated breaks during the workday and take vacation as needed (e.g., one organization monitors its employees’ PTO accrual and encourages employees to take vacation when they have accrued a lot of vacation)
- Distributing the most traumatic work and cases across staff members rather than having that work be concentrated among a few staff [5, 9]
- Providing resources/training and opportunities to engage in mindfulness-based trauma prevention, such as mindfulness of breathing, body scan, and trauma-releasing exercises [10]
- Ensuring that new staff are prepared for the role they are being hired for in that they are well-prepared for potential vicarious trauma and have awareness, knowledge, and skills to cope with trauma when it arises [11]

What outcomes have been demonstrated by existing staff wellness programs?

Many of the promising practices to support employee wellbeing described above have demonstrated positive outcomes for staff. Examples of positive individual outcomes for staff as a result of programs to support wellbeing include:

- Increased employee ratings of job satisfaction and organizational engagement [2, 4, 6, 8, 11]
- Decreased levels of depression [1]
- Improved mental and physical health (e.g. sleeping better, less negative stress) [2, 7]
- Lower levels of absenteeism [2, 11]
- Lower reported instances of vicarious trauma [3, 5]
A better and healthier relationship with oneself and one’s social environment \([16]\)

Notably, the evidence currently available also indicates that the increases in employee wellbeing persist even when staff leave the workplace -- not only is their job satisfaction and wellbeing improving at work, employees also report that they are carrying these positive outcomes home and into their communities.

**What (if any) existing research demonstrates that staff wellbeing (and investment in staff wellbeing) supports broader organizational success?**

As noted above, many resources found that employee wellbeing efforts led to positive individual outcomes for employees. This field scan and literature review also explored the extent to which employee wellbeing efforts lead to broader *organizational* outcomes (in addition to outcomes for individuals). Examples to date of positive organizational outcomes linked directly to programs supporting individual staff wellbeing include:

- Increased employee productivity \([4]\)
- Monetary returns on investment, which are more likely to increase as programs that target employee wellbeing mature \([8]\)
- Improved staff morale \([4]\)
- In some geographies, lower costs of organizational healthcare \([2]\)
- Increased employee retention/decreased attrition \([8, 11, 14]\)
- Stronger ability to attract top talent \([8]\)
- Decreased staff burnout \([11, 12, 13]\)

**Conclusions**

Literature in the field clearly establishes a need for greater mental health and wellbeing support especially for staff of nonprofit organizations who work with traumatized populations, including those in fields of social work, nursing, and counseling, among others. \([9, 10]\) Research demonstrates that a stressful work environment increases the likelihood of an individual developing depression or anxiety and can lead to other negative physical and mental health outcomes for individuals and the organizations to which they belong. \([7]\) Several studies show that frontline staff (those who work most regularly with trauma survivors) experience higher levels of secondary trauma. \([9, 15]\) This, combined with the evidence of positive individual- and organization-level outcomes suggests that wellbeing offerings could be especially impactful for staff of organizations that serve traumatized populations. **Prioritizing wellbeing among social sector staff appears to have the potential to be even more impactful because staff of direct services organizations often report prioritizing the care of others over their own self-care.** Additional and intentional investment in staff mental health and wellbeing supports for organizations in the social sector has the potential to reduce organizational challenges such as high rates of employee stress, burnout, and turnover, and support organizational effectiveness by ensuring a healthier, more stable workforce that will be able to continue to effectively meet community needs.
Takeaways for The Peery Foundation’s Grantee Mental Health and Wellbeing Initiative

● The “why” in terms of the value and purpose of the Peery Foundation’s Grantee Mental Health and Wellbeing Initiative is clear: the need for greater mental health and wellbeing support, especially for direct services staff, has been identified and is gaining momentum.

● The “how” to best provide this support is less clear. There is a dearth of research that identifies research-based best practices for supporting direct services staff. This is likely due in part to the broad range of needs of staff in various types of work (e.g., stressors and coping strategies differ widely among homelessness outreach workers, nursing staff in oncology units, and staff working in immigration for instance). The lack of research is likely also due in part to a lack of funding for these types of initiatives in social sector organizations. Without funding, organizations with limited resources simply can’t afford to implement additional support programs for their staff. Finally, the field of trauma-informed organizations is still emerging. As the field begins to broaden, and the need for such support becomes more widely identified, organizations will begin seeking such support and funders will begin to invest more intentionally in these initiatives as a strategy to support organizational effectiveness in addition to employee wellness.

● The “what now” speaks to the implications of the existing evidence and the need for additional investigation through the Peery Foundation’s initiative and learning objectives. Because the field of social sector employee wellbeing is still emerging, the Peery Foundation, and other peer funders, are well-poised to learn from their early interest in and commitment to the wellbeing of their grantees. Lessons learned from this pilot program will help to shape and inform the field in terms of promising practices, outcomes, and recommendations for both wellness programming and organizational capacity-building efforts. As such, and in alignment with the Peery Foundation’s learning objectives, the evaluation of this pilot program will be formative - aimed at learning from grantees about their staff needs, about the unique stressors encountered in their service areas, about the supports provided and the extent to which they meet the identified and emergent needs of their staff, about the outcomes of those efforts at the individual level, and about the impacts of those outcomes for the organizations themselves.
## Appendix: Sources

This appendix contains the resources cited in the summary above, including case studies, research articles, organizational reports, and peer-reviewed journal articles that focus on mental health and wellbeing programs currently being employed by organizations in the public and private sectors, along with the resulting outcomes for staff and their organizations. The rows highlighted in gray contain sources that are most relevant to nonprofit, philanthropic, and social sectors. Some of the language in the table below has been pulled directly from the sources and has not been modified or edited by LFA. In other cases, we made modest language edits in order to streamline content or focus more narrowly on ideas and findings that are most relevant to this summary document. Additionally, as the sources included varied widely, content is included where available in the table below.

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| 1 | Garmin International | 2016 | American Psychiatric Association Foundation: Center for Workplace Mental Health | Employees at Garmin International; mostly male engineers | • Resilient workers perform better, are less likely to experience burn-out, or miss work  
• Resilient “skills,” e.g., emotional regulation, mindfulness, problem-solving, etc., can be taught through targeted intervention programs | Used focus groups to help create the following programming to meet employee wellbeing needs:  
• Weekly group sessions on resiliency led by mental health experts  
• Weekly educational emails with information on wellness topics (e.g., kindness, happiness, purpose, mindfulness, depression & anxiety, social support, etc.)  
• Quiet rooms at the office for meditation and reflection | • Pre/post survey of employees showed positive results  
• Depression symptoms, as measured by items taken from the PHQ-9 (i.e., the nine-item depression scale of the Patient Health Questionnaire) improved by 10% | • Engage staff in creating programs tailored specifically to their needs  
• Use focus groups to incorporate staff input in the planning stages to create culturally appropriate programming  
• Use pre/post surveys to help assess the impact of wellness programs and receive direct feedback from staff |
| 2 | Unilever Case Study | 2010 | American Psychiatric Association Foundation: Center for Workplace Mental Health | Executive-level employees (global) | N/A. See APA website for more info on the purpose of this case study. | • 2002 pilot program to boost mental and physical health of London executives  
• Included: online health risk appraisal, blood chemistry tests, physiological/nutritional assessments, and external resilience tool  
• This tool was developed in partnership with WorkingWell Limited and examined employee’s perception of workplace stress, what contributed to it, how it impacted their mental and physical health, and how they coped with it  
• Personal training on fitness, nutrition, energy, stress, resilience, and sleep | • Improved health status, reduced absenteeism, and improved work performance in the intervention group compared to the control group  
• After the program was shown to be successful it was expanded to 35 countries | • Focus on employee engagement  
• As an employee’s health status improves, their company engagement increases as well  
• In some regions (e.g., the Middle East), overall healthcare costs dropped as a result of implementing workplace mental health assessments |
| #  | Title                                                                 | Year | Source                          | Source Type    | Target Population | Supporting Evidence/Research                                                                                                                                                                                                 | Promising Practices                                                                                                                                                                                                 | Outcomes                                                                                                                                                                                                 | Findings/Recommendations of this Source                                                                                                                                                                                                                           |
|----|----------------------------------------------------------------------|------|---------------------------------|----------------|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3  | Organizational prevention of vicarious trauma                         | 2003 | Bell, Kulkarni, & Dalton, Families in Society | Article        | Social workers    | - Literature review of growing research on secondary/vicarious trauma amongst social workers, and the steps organizations can take that may help prevent the negative effects of such trauma on workers  
- Burnout can be seen as a process more than a condition. Organizations can either help prevent or contribute to staff burnout.  
- Vicarious trauma is "an occupational hazard" when working with highly traumatized clients. Organizations have a "practical and ethical responsibility" to protect staff | - **Organizational culture**: organizations can take steps to prevent vicarious trauma by acknowledging the impact of vicarious trauma on staff and encouraging staff to take time off and practice self-care  
- **Workload**: having a more diverse caseload (e.g. distribute trauma cases among a number of workers) is associated with decreased vicarious trauma  
- **Work environment**: protecting workers' safety should be the primary concern of agency administration in an effort to prevent workers experiencing primary trauma  
- **Education**: provide trauma-specific education to help individuals name their experiences, provide a framework for understanding and responding to those experiences, and learn new ways to address clients' trauma  
- **Group support**: staff opportunities to debrief informally and process traumatic material with supervisors and peers is helpful (e.g. peer support groups)  
- **Supervision**: a supervisory relationship in which a staff person feels safe in expressing fears, concerns, and inadequacies ("agency administrators might consider contracting with an outside consultant for trauma-specific supervision")  
- **Self-care**: Counseling resources, insurance that provides mental health coverage, peer support groups, therapy, and opportunities for structured stress management and physical activities are recommended for all staff who interact with traumatic material | - Further study is needed to glean exactly how workers are impacted by secondary trauma and which prevention methods are most effective.  
- Changes in organizational culture, workload, group support, supervision, self-care, education, and work environment may help prevent vicarious trauma in staff  
- Further study is needed to glean the extent to which staff are impacted by secondary trauma and which strategies for preventing secondary trauma are most effective |
| # | Title                                                                 | Year | Source                                      | Source Type | Target Population                                                                 | Supporting Evidence/Research                                                                                                                                                                                                 | Promising Practices                                                                                                                                                                                                 | Outcomes                                                                                                                                                                                                 | Findings/Recommendations of this Source                                                                 |
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| 4 | At a tipping point? Workplace mental health and wellbeing             | 2017 | Deloitte Centre for Health Solutions (UK)  | Report      | Employees at several private companies in the UK (namely, Deloitte and EDF Energy) | ● Reporting of mental health issues is much lower than other health conditions due to stigma and a perceived lack of support  
● Poor mental health impacts not only the individual employee, but the organization and society at large. Therefore, a multi-pronged approach should be taken in addressing the mental health of employees                                                                 | ● Cognitive behavioral therapy (CBT) for staff  
● Training for managers to recognize symptoms of “mental ill health” among staff and “help minimize adverse effects”  
● Increased engagement with external partners and internal strategies to create a culture of transparency and awareness around mental health within the organization (e.g., providing an internal advice line for employees in distress, encouraging early disclosure so staff experiencing mental health issues can receive treatment earlier, instituting a 1 month unpaid leave policy, resiliency workshops) | ● Improved productivity: saved the business an estimated £228,000 per year  
● Improved staff morale: employees who reported that they are ‘happy in my job’ increased from 36% to 68%  
● Create a company culture of openness around mental health and wellbeing  
● Create/use evidence base of best practices in addressing the mental health of employees  
● Evaluate programs to demonstrate the investment in wellbeing of employees has a positive impact on the organization as a whole                                                                 |                                                                                                                                                                                                 |
| 5 | Organizational Impacts on the Secondary Traumatic Stress of Social Workers Assisting Family Violence or Sexual Assault Survivors | 2011 | Choi, Administration in Social Work          | Journal Article | Social workers who provide direct services to family violence or sexual assault survivors | ● Social workers who care for traumatized victims may experience PTSD and other secondary trauma symptoms (STS) themselves  
● This indirect form of trauma is referred to as secondary/vicarious trauma or compassion fatigue, and it impacts their mental health, their ability to work, and the workplace environment itself | ● In supportive environments (environments in which the risk of trauma is openly acknowledged and discussed among staff at all levels in the organization) social workers can more easily talk about their secondary traumatic stress symptoms with colleagues, obtain emotional support, and access resources from social networks to prevent or cope with secondary traumatic stress symptoms | ● This study found that social workers (who provide direct services to survivors of family violence or sexual assault) who received more emotional support from their coworkers, supervisors, and work teams demonstrated lower levels of secondary traumatic stress  
● Social workers who also had more access to their organizations’ strategic information also exhibited lower levels of secondary traumatic stress  
● In order to help prevent STS in their workers, organizations must examine healthy workplace practices to better support employees  
● Continue to research the extent to which organizational factors affect secondary trauma symptoms                                                                 |                                                                                                                                                                                                 |
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| 6  | Building Emotional Resilience at The Workplace: A HealthPartner's Case Study | 2016 | Lloyd, Katz, & Pronk, American College of Sports Medicine’s Health & Fitness Journal | Case Study  | Employees at HealthPartner’s corporate offices | • According to a poll conducted by the Harvard School of Public Health (2014), 49% of American adult respondents had at least one major stressor. The most prevalent was a major illness or injury, followed by death of a loved one, and the third most prevalent was problems at work  
• One of the least likely things that Americans who have been under “a great deal of stress” actually do is take time off from work | • Emotional resilience coaching programs (Healthy Thinking & Healthy Communication) for all employees as part of a BeWell employee health and wellbeing program  
• “Stress-inoculating” programs aimed to prevent negative health outcomes related to workplace stress  
• Web-based program to treat mild and moderate stress, tension, depression, or anxiety | • After 1 year, employees experienced an overall improvement in life satisfaction and job satisfaction (measured through an online assessment tool)  
• Three group coaching sessions were shown to have significant positive impacts on modifiable health factors  
• Group coaching for emotional resilience can be highly effective for employees not only to bring their best self to work but also to be their best self at home and in the community | • Whereas high-quality treatment and support options for those with depression and severe mental illness need to be available, building the capacity for high resilience responses to work-related stress (i.e., giving employees the skills needed to manage everyday stress) allows employees to achieve their best selves |
| 7  | Resilience in the Workplace: An Evidence Review and Implications for Practice | 2017 | American Heart Association                   | Report      | Employees from a range of occupational settings (mainly healthcare or university settings) | • In 2015, 65% of U.S. employees reported work as their top stressor  
• In 2016, an AHA-Nielsen Employee Health Survey found that 28% of employees report that they always, almost always or very often experience stress at work.  
• Stressful work environments have been found to increase the likelihood of developing depression or anxiety for the first time and can lead to negative physical and mental health outcomes for individuals and organizations | • Resilience Training  
• Mindfulness Training  
• Depression prevention programs  
• Stress management interventions  
• Encouraging leadership to participate | • Participation in resilience training programs is associated with positive outcomes for nearly three-quarters of participants, e.g., ranging from less stress to sleeping better  
• Employees value training and are more likely to participate in these programs when organizational leadership participates | • Resilience training programs have a modest effect that is comparable to other primary prevention programs such as mindfulness training and depression prevention programs. Although program effects appear to be modest, small changes at the individual level could potentially yield broader benefits if realized at the organizational level.  
• Personal coaching or group-based programs appear to be more effective than technology-based solutions |
| 8  | The ROI in workplace mental health programs; Good for people, good for business | 2019 | Deloitte Insights (Canada)                   | Article for In-House Magazine | Employees from various private companies in Canada | • Costs associated with poor mental health include not just the cost of treating mental illness but also the costs incurred when poor mental health exacerbates the negative impacts and health care costs of other chronic conditions  
• Invest in proactive programs that promote positive mental health in addition to treatment: going beyond delivering interventions for poor mental health to also proactively promoting positive mental health and wellbeing  
• Engagement campaigns and workplace events | • For companies with less than 3 years of data, there was no documented ROI  
• For 7 companies that invested in these programs for at least 3 years, the median yearly ROI was CA$1.62 for every CA$1, and it rose to CA$2.18 for | • Higher retention rates  
• Stronger talent attraction  
• Greater engagement  
• Prioritize investments in the highest impact areas, such as leadership training, Employee & Family Assistance Programs, and establishing appropriate processes |
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<tr>
<td>9</td>
<td>Strategies for reducing secondary or vicarious trauma: Do they work?</td>
<td>2006</td>
<td>Bober &amp; Regehr, Brief Treatment and Crisis Intervention</td>
<td>Therapists counseling trauma survivors</td>
<td>Time spent with counseling trauma victims was the best predictor of therapists' trauma scores: Individuals who spent more time counseling individuals who were victims of trauma (e.g., interpersonal violence, assault, abuse, rape, torture) reported higher levels of traumatic stress symptoms.</td>
<td>● Strategies recommended in the literature for reducing secondary or vicarious trauma include: seeking psychotherapeutic treatment, peer consultation, supervision, professional training, reducing the number of trauma cases on caseload, and self-care</td>
<td>● Even when participants believed in the usefulness of coping strategies including leisure activities, self-care activities and supervision, these beliefs did not translate into time devoted to engaging in the activities</td>
<td>● There was no association between time devoted to coping strategies and traumatic stress scores in this study</td>
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<td>10</td>
<td>A proposal for a mindfulness-based trauma prevention program for social work professionals</td>
<td>2006</td>
<td>Berceli &amp; Napoli, Complementary Health Practice Review</td>
<td>Social workers and other professional caregivers</td>
<td>Research shows that professionals who work in traumatic environments often feel isolated, overworked, and powerless, increasing the possibility vicarious trauma while offering services to communities that are victims of tragedy. Professionals in fields of social work, nursing, child welfare, school counseling, and domestic violence experience higher than normal degrees of vicarious trauma. Additionally, increases in suicide, burnout, heart disease, cancer, and even</td>
<td>● Mindfulness-based trauma prevention, which includes: ○ Mindfulness of breathing ○ Body scan ○ Trauma-releasing exercises</td>
<td>● A mindfulness-based trauma prevention program may help to reduce the incidence of secondary trauma and posttraumatic stress disorder for social workers and other health professionals</td>
<td>● All health care professionals employed in stress-related environments should be aware of the necessity of learning and practicing some form of stress-reduction program</td>
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<td>Compassion Fatigue, Secondary Traumatic Stress, and Vicarious Traumatization: A Qualitative Review and Research Agenda</td>
<td>2019</td>
<td>Rauvola, Vega, &amp; Lavigne, Occupational Health Science</td>
<td>Journal Article</td>
<td>Employees who experience “empathy-based stressed” as a result of their work environment</td>
<td>Empathy-based stress is a process of trauma exposure combined with the experience of empathy that results in empathy-based strain, adverse occupational health reactions, and other work-relevant outcomes (related to constructs of compassion fatigue, secondary traumatic stress, and vicarious traumatization)</td>
<td>Provide realistic job previews for job candidates and training for new hires, Provide ongoing training, coping, and recovery services at work for existing employees, Proactively build mindfulness interventions into organizational practices to prevent empathy-based stress, Provide other preventative interventions such as meditation, writing workshops, mentoring programs, resiliency programs, and coping strategy training</td>
<td>A staff member’s “fit” with respect to workload, organizational values, and environment were predictive of secondary traumatic stress and turnover levels</td>
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<td>11</td>
<td>The role of self-care on compassion satisfaction, burnout and secondary trauma among child welfare workers</td>
<td>2015</td>
<td>Salloum, Kondrat, Johnco, &amp; Olson, Children and Youth Services Review</td>
<td>Journal Article</td>
<td>Child welfare workers</td>
<td>Almost one third of the sample of child welfare case managers and supervisors initially reported high levels of burnout (29.8%) and secondary trauma (28.8%), and low levels of compassion satisfaction (31.7%)</td>
<td>This study examined the role of TISC (Trauma Informed Self Care) on compassion satisfaction, burnout and secondary trauma which was assessed by administering surveys to a sample of 104 child welfare case managers and supervisors, TISC includes being aware of one’s own emotional experience in response to exposure to traumatized clients and planning/engaging in positive coping strategies, which included seeking supervision, attending trainings on secondary trauma, working within a team, balancing caseloads, and work-life balance</td>
<td>Results suggested that workers who engaged in higher levels of TISC experienced higher levels of compassion satisfaction and lower levels of burnout, although there was no relationship with secondary trauma.</td>
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| 13 | An exploration of child welfare caseworkers' experience of secondary trauma and strategies for coping | 2020 | Rienks, Child Abuse & Neglect   | Journal Article     | ● Results indicated relatively high levels of secondary trauma, with 29.6% of child welfare caseworkers scoring in the “severe” range  
● The use of coping strategies can protect against the detrimental effects of many work-related stressors. Given the stressful nature of casework with traumatized children and families, there is a need to better understand how to prevent the experience of secondary trauma. | ● Develop a clear self-care plan that incorporates active coping strategies that attend to one’s physical health (exercise, proper nutrition, adequate sleep) and emotional wellbeing (creative endeavors such as art or cooking, spiritual activities such as meditation or religion, and seeking the social support of family and friends) | ● Having a clear self-care plan was shown to be an effective strategy, suggesting that self-care behaviors that are part of a plan may become habitual and therefore sustainable  
● Secondary trauma was positively associated with burnout and negatively associated with organizational support and coping. Those who utilized coping strategies reported fewer symptoms of secondary traumatic stress both during the study and three years later. Of the 15 coping strategies explored, those who were more proficient at coping were most likely to have a clear self-care plan, participate in activities or hobbies, and have a work-to-home transition plan. | ● Study results point to the importance of developing a self-care plan and having organizational support (e.g. an organization that cares about staff wellbeing) that help protect child welfare caseworkers from the negative effects of secondary trauma exposure, both during the study and over time. |
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<td>14</td>
<td>Taking an organizational approach to addressing secondary trauma in child welfare settings</td>
<td>2019</td>
<td>Tullberg &amp; Boothe, Journal of Public Child Welfare</td>
<td>Child welfare workers</td>
<td>● Child welfare staff experience trauma both directly (working in dangerous neighborhoods, threats, experiences of physical violence) and indirectly (hearing about the traumatic experiences of clients and working for organizations whose cultures and operations can be affected by the traumatic nature of their work)</td>
<td>● A number of trauma-informed care models, such as Bloom’s Sanctuary model and Saakvitne and colleagues’ Risking Connection model, take an organizational approach to trauma, identifying how trauma experienced by clients, staff, and organizations serves to be mutually reinforcing, and recommends addressing such trauma through an integrated approach</td>
<td>● Various organizational factors are associated with lower levels of secondary trauma, including transparency around decision-making and mechanisms for staff input, effective supervision, the availability of peer support, and perceived organizational support</td>
<td>● Historically, one of the most common approaches for supporting staff has been the promotion of wellness and self-care strategies, which can be generally beneficial to people’s health and well-being and can reduce burnout. However, having such activities comprise an organization’s only response to secondary trauma is problematic given the lack of evidence of their effectiveness in reducing secondary trauma-related symptoms, and the unintended but implicit message they send that managing trauma reactions is an individual responsibility. Therefore, it is important that organizational strategies to promote staff wellness expands beyond individual self-care strategies.</td>
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<td>15</td>
<td>Supporting Those Who Provide Support: Work-Related Resources and Secondary Traumatic Stress Among Victim Advocates</td>
<td>2018</td>
<td>Benuto, Singer, Gonzalez, Newlands &amp; Hooft, Safety &amp; Health at Work</td>
<td>Victim advocates</td>
<td>● The study of resources available to individuals who work as ‘victim advocates’, found that most have some workplace supports for mental health. Many had educational (skills training) support, some had emotional support available to them (counseling or support groups) and a small minority of participants had mindfulness-based interventions available to them through their work</td>
<td>● Mindfulness-based interventions ● Educational support ● Emotional support ● Limit the number of direct hours that staff spend providing victims with services</td>
<td>● This study found that the only significant predictor of secondary traumatic stress was the number of direct hours of victim services provided</td>
<td>● Future research should explore the importance of social support in the work environment and the extent to which educational support for victim advocates is beneficial in protecting staff against secondary traumatic stress</td>
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<td>Year</td>
<td>Source</td>
<td>Target Population</td>
<td>Supporting Evidence/Research</td>
<td>Promising Practices</td>
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| 16 | Wellbeing Inspires Welldoing: How Changemakers' Inner Wellbeing Influences Their Work | 2020 | The Wellbeing Project, co-created with Ashoka, Esalen, Impact Hub, Skoll Foundation, Porticus, and Synergos | Research Report “Social changemakers including activists, teachers, non-profit leaders, social workers, social entrepreneurs, and health care providers are experiencing increasing levels of burnout and stress coupled with high rates of depression and the early onset of chronic illness” | ● The Inner-wellbeing project helped participants explore what wellbeing means to them and provided them with resources required for developing individual wellbeing practices  
● Some examples of practices of wellbeing included: spending more time with family and friends, practicing meditation, journaling, walking, seeing a therapist, and exploring wellbeing practices through retreats | ● After the program, participants reported being kinder to themselves, rejecting the ‘hero model’ at work, redefining what success means to them, trusting others more, and recognizing the need to take care of themselves before taking care of others or before solving the myriad complex problems of society  
● Participants who reported having higher 'inner wellbeing' also reported having a better and healthier relationship with their self, social environment, and work  
● Because of changes at the individual level, the participants observed shifts at an organizational level - participants started to connect with others not just as professionals but as human beings and participants adopted a leadership style in which they were willing to be led by others and trusted the capabilities of others |