Beyond PTSD

# Organizational Responsibility for Employee Mental Health

In their book “Restoring Sanctuary,” authors Sandra Bloom and Brian Farragher describe service organizations as “living complex systems [that] are every bit as vulnerable to the impact of trauma and chronic stress as the people who receive and deliver [the services]” (pg. 14)[[1]](#footnote-1). Given this parallel process and the high level of risk inherent in violence intervention, one might argue that organizations employing street outreach workers have a responsibility to address the mental health of its staff. Outlined below are specific ways organizations can play a key role in increasing staff mental health.

Creating Safe Spaces within an Organization

Organizations have a responsibility to create a safe and healthy environment for their staff to operate within. This includes both physical, emotional, and psychological safety. SAMHSA’s **Principles of Trauma-Informed Care** are a starting point for organizations who aim to create authentically safe and healing spaces, with a goal of using the following guiding principles as a starting point for all operations: safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment and choice, and being culturally/historically/gender affirming[[2]](#footnote-2).

**SAMHSA’s Principles of Trauma-Informed Care**

Bloom and Farragher’s Sanctuary method is another model designed to address the impact of trauma on organizations and prioritizes the following “commitments” in all operations: growth and change, democracy, emotional intelligence, nonviolence, social learning, open communication, and social responsibility1.

**Sanctuary Commitments**

Both of these models provide a framework for developing a sense of safety in which individuals and the organization as a whole are able to function and operate in a healthy way. In addition, violence intervention organizations should develop specific policies and procedures to advise staff in being able to distinguish real from perceived threats of harm, as well as manage threats to their safety in the environment.

Psychoeducation and Skills Training within an Organization

Violence intervention organizations can incorporate psychoeducation into their onboarding and annual training requirements for all staff to ensure there is a baseline level of education and understanding of trauma and its impact. This psychoeducation can also serve as a starting point for staff to learn coping skills to manage stress and trauma reactions, as well as other professional development. Resiliency-building skills training should be a part of all staff’s workload, including leadership. Structuring learning in small groups with individuals from various teams or levels of leadership can reduce stigma and judgment of trauma-related responses, facilitate stronger relationships among staff, and build more effective teams. It may be helpful for these groups to be led by outside contracted mental health professionals to reduce the potential for power dynamics to hinder group solidarity and psychological safety (i.e., increase the chances that all staff feel comfortable sharing and being honest and open).

Organizations as a Source of Social Support

Organizations that operate from a healing-centered framework that prioritizes safety and trains and educates all staff about trauma and skills for resiliency will inevitably lead to the creation of supportive relationships. Violence intervention organizations should be not only a source of support for the communities they serve, but also for each other working in the organization. When employees feel a sense of belonging and solidarity, relationships thrive and organizational effectiveness is increased.

# Food for Thought

* + Does your organization have mental health resources available for staff? (EAP plans, in-house counseling services, contractual services, a referral list, etc.)
  + To what extent are mental health supports incorporated into organizational routines around staff support and performance monitoring? Do staff access these resources? If not, why?
  + Which of the models mentioned (SAMHSA’s Principles of Trauma-Informed Care vs. Sanctuary Commitments) resonates more with your organization’s mission and values?
  + What are some ways your organization is already providing psychoeducation and skills-building to employees through required training and professional development? What additional information or skills may need to be added to existing training protocols?
  + How is your organization fostering a sense of social support and community among employees? Do staff report a benefit from these efforts? (i.e. a sense of team cohesion, higher quality of program delivery, staff retention, etc.)

1. Bloom, S. L., & Farragher, B. (2013). *Restoring sanctuary: A new operating system for trauma-informed systems of care*. Oxford University Press. [↑](#footnote-ref-1)
2. US Department of Health and Human Services. (2014). SAMHSA's concept of trauma and guidance for a trauma-informed approach. [↑](#footnote-ref-2)