



The state of provider burnout in college counseling centers in 2021

Implications and recommendations for improving work satisfaction and overall wellbeing

Mantra Health

Background

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Introduction

Last year, Mantra published an inaugural [provider burnout whitepaper](#), which revealed a worrisome status quo: in college counseling centers, 9 in 10 clinicians reported experiencing burnout. This is 12% higher than the average burnout levels reported in a [large-scale survey](#) of North American psychiatrists.

The COVID-19 pandemic marked a paradigm shift for mental health care needs. [COVID-related challenges and anxieties](#) across the population have contributed to severity of mental health issues. Beyond a taxing workload, the burnout clinicians experience is often compounded by the emotional strain that mental health providers are navigating themselves.

Building on our 2020 provider burnout survey, we collected insights from college counseling center staff. In what follows, we review 2021 findings about the state of burnout amongst college mental health clinicians and directors. We then offer key takeaways to inform counseling center priorities in the coming year.

Methods

Facilitated by a survey study design, counseling center directors and their clinical staff were recruited from college and university settings across the US. Participants were contacted and asked to complete the survey through various relevant listservs, such as the Association for University and College Counseling Center Directors (AUCCCD), and an internal database of counseling center staff contact information.

The survey, which was designed internally by the study authors, was broken down into two sections for each audience – counseling center directors and the clinicians at counseling centers (see Tables 1 and 2 for survey questions) – with a likert-type measurement format. Participants were asked to only focus on their experience in the Fall 2021 semester to assess the impact of COVID-19 on burnout specifically. All survey responses were collected on Google Forms and analyzed in Microsoft Excel.

Table 1. Survey for Counseling Center Directors

1. Do you feel that you are experiencing or have experienced some form of employee burnout in your workplace?
2. Do you feel that your staff in the counseling center are or have experienced some form of employee burnout in the workplace?
3. Feelings of isolation are having a negative impact overall on my work day.
4. After working, I have enough energy for my leisure activities.
5. COVID has worsened or intensified my burnout and/or isolation.
6. The Omicron variant, and other variants of COVID, have contributed to my feelings of stress.
7. If you have returned to seeing clients in person, how has it affected the level of employee burnout you feel?
8. In what ways do you try to alleviate burnout and/or isolation for you and your staff?

Table 2. Survey for Counseling Center Clinicians

1. Do you feel that you are experiencing or have experienced some form of employee burnout in your workplace?
2. Feelings of isolation are having a negative impact overall on my work day.
3. My ability to provide quality care is compromised because of my workload.
4. I work more hours than usual because there is too much on my plate.
5. COVID has worsened or intensified my burnout and/or feelings of isolation.
6. The Omicron variant, and other variants of COVID, have contributed to my feelings of stress.
7. If you have returned to seeing clients in person, how has it affected the level of employee burnout you feel?
8. What would help improve your or your colleagues’ feeling of burnout and/or isolation?



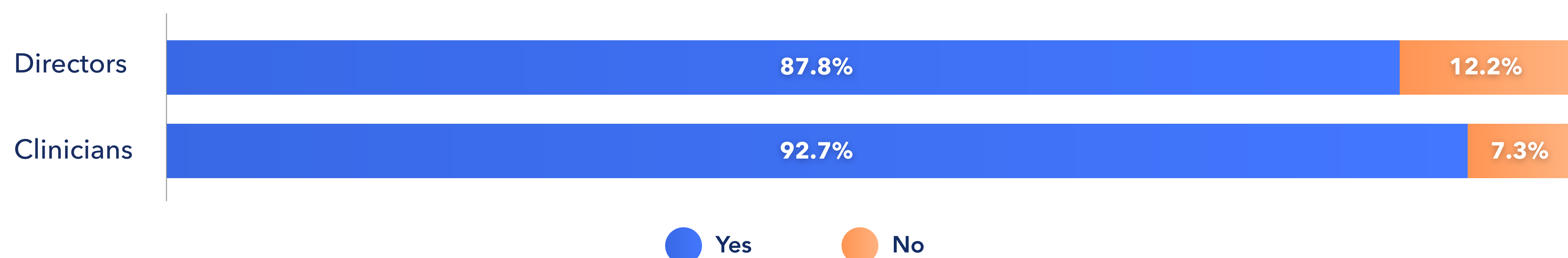
Data were analyzed through a combination of quantitative and qualitative methods. For multiple choice questions, we calculated the proportion of responses for each choice given (e.g., yes/no or a five-point likert scale ranging from strongly disagree to strongly agree). Open-ended responses were coded with between one and three of 15 themes (see Table 3 for definitions) to capture all ideas shared.

Results

A total of 129 individuals participated in the survey (N = 74 directors at counseling centers; N = 55 clinicians at counseling centers). The data reflects widespread burnout amongst counseling center staff. The vast majority of counseling center directors (87.8%) self-report experiencing burnout. Burnout is even more prominent amongst clinicians, with 92.7% of surveyed clinicians reporting experiencing some form of employee burnout.

Figure 1. Self-Reported Burnout Among Counseling Center Directors and Clinicians

Do you feel that you are experiencing some form of employee burnout in your workplace?



The survey reveals that many counseling center clinicians are experiencing mounting workloads. Among clinicians, 65.5% agreed or strongly agreed that they work more hours than usual because there is too much on their plate. Notably, this number represents a significant increase from our 2020 survey, in which only 40% of clinicians agreed or strongly agreed with the same statement.

When clinicians were asked what could help with the burnout and isolation felt by them or their colleagues, the most common response was to hire more providers. Many responses also specified that the reason more providers are highly desirable is that the workload could be shared. Counseling directors are also facing challenges related to work-life balance: over 70% of directors report having no time for leisure activities.

For some counseling centers, Fall 2021 marked a return to in-person services. While the shift to in-person counseling did not exacerbate burnout for most directors, 34.5% of clinicians' burnout worsened. A smaller portion of providers (21.6%) report the opposite effect, their burnout having improved since seeing clients in person. In-person connection can provide tremendous value to the therapeutic relationship. A trend in clinician sentiment is that flexibility is key to navigating the hybrid workplace.

There were high rates of agreement that COVID-19 exacerbated staff burnout. Amongst directors, 82.5% agreed or strongly agreed that COVID has worsened or intensified their burnout and/or isolation. The vast majority of clinicians (83.6%) agree or strongly agree that the Omicron variant, and other variants of COVID, have contributed to feelings of stress.

Burnout is not only impacting the day-to-day experience of clinicians; it also has implications for the quality of care. Of clinicians surveyed, 60% agree or strongly agree that their ability to provide quality care is compromised by their workload. This represents a substantial increase from last year's survey, in which only 45% of clinicians shared this concern.

At a glance

36.4%

of clinicians agreed or strongly agreed that isolation has a negative impact on their work day

72.6%

of directors disagreed or strongly disagreed that they have enough energy after work for leisure activities

60.0%

of clinicians agreed or strongly agreed that their workload compromises their ability to provide quality care

Results

Figure 2. Signs and Symptoms of Burnout Among Counseling Center Directors

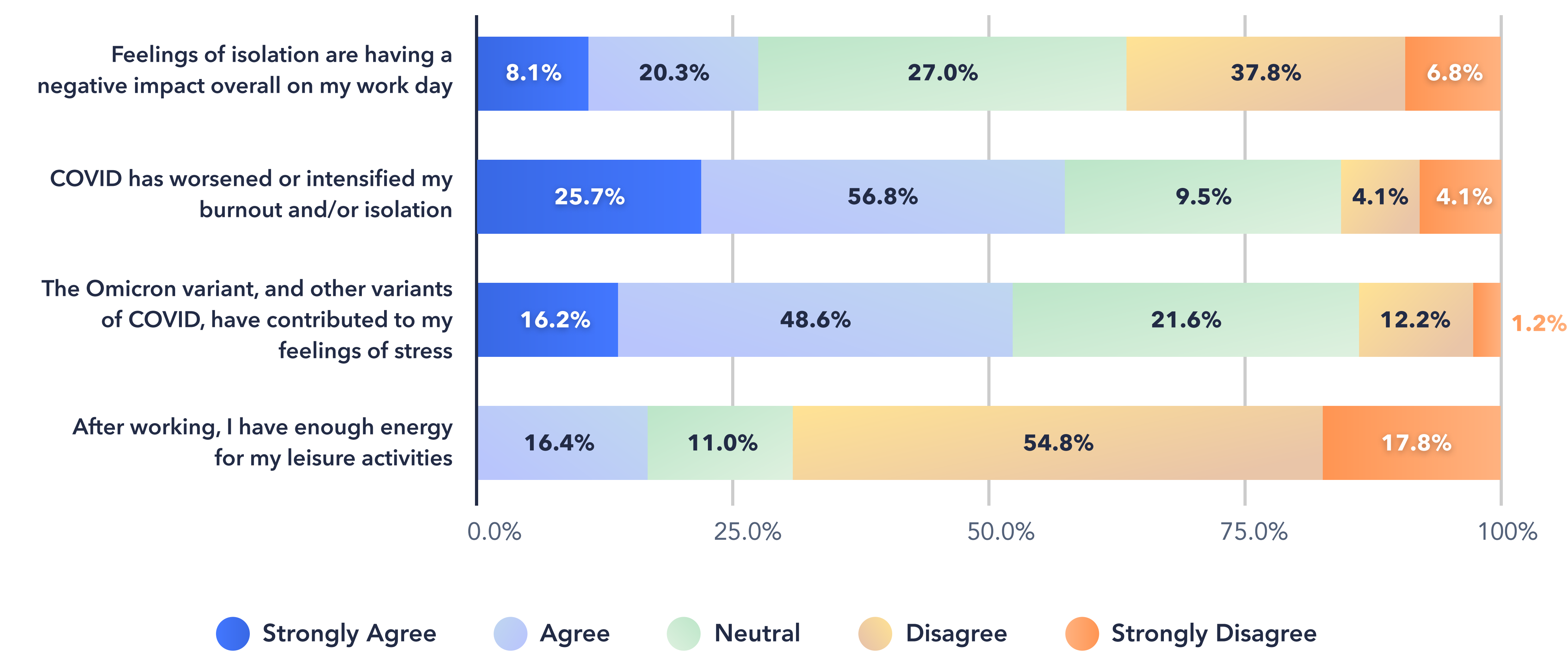
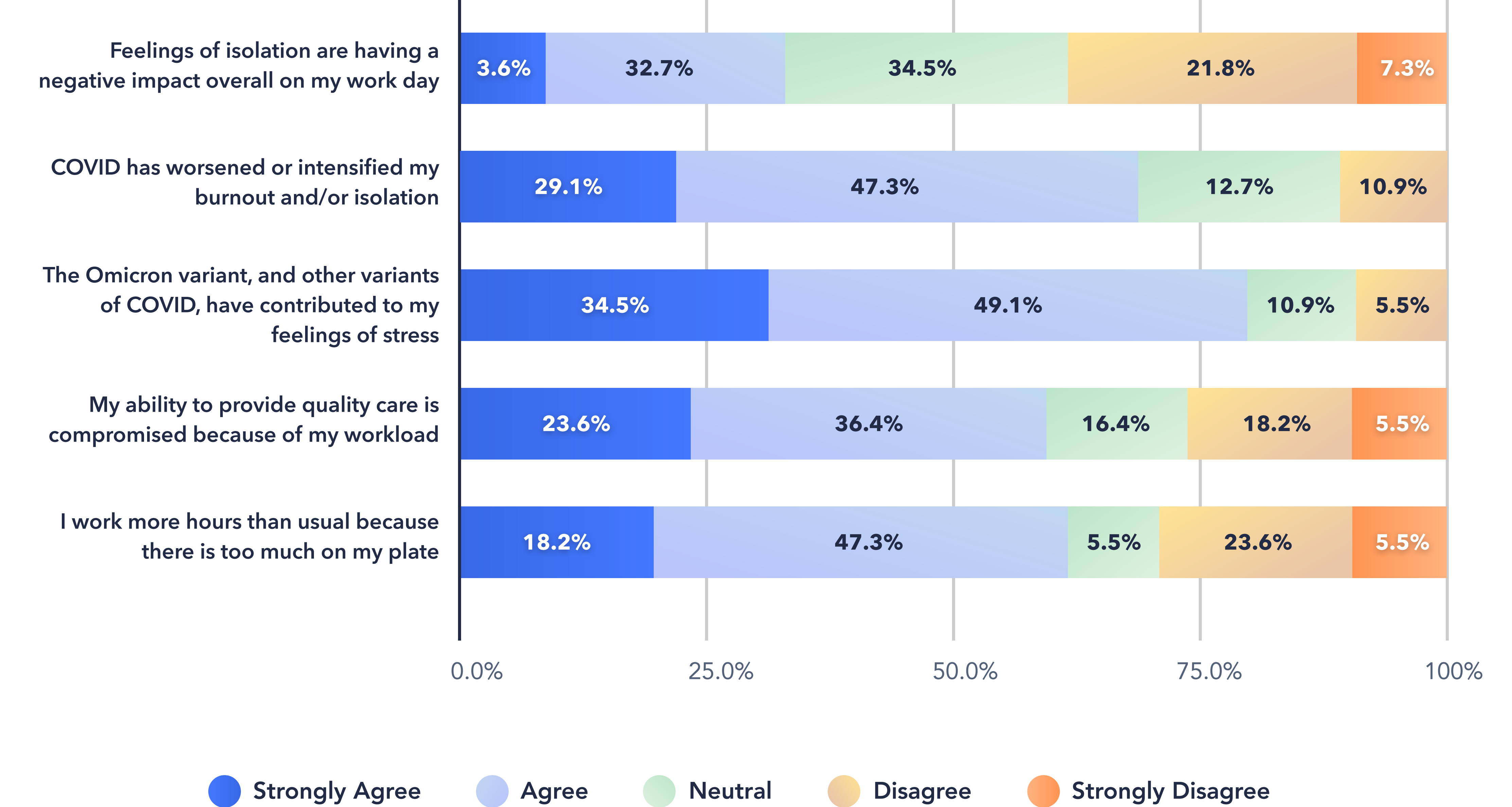
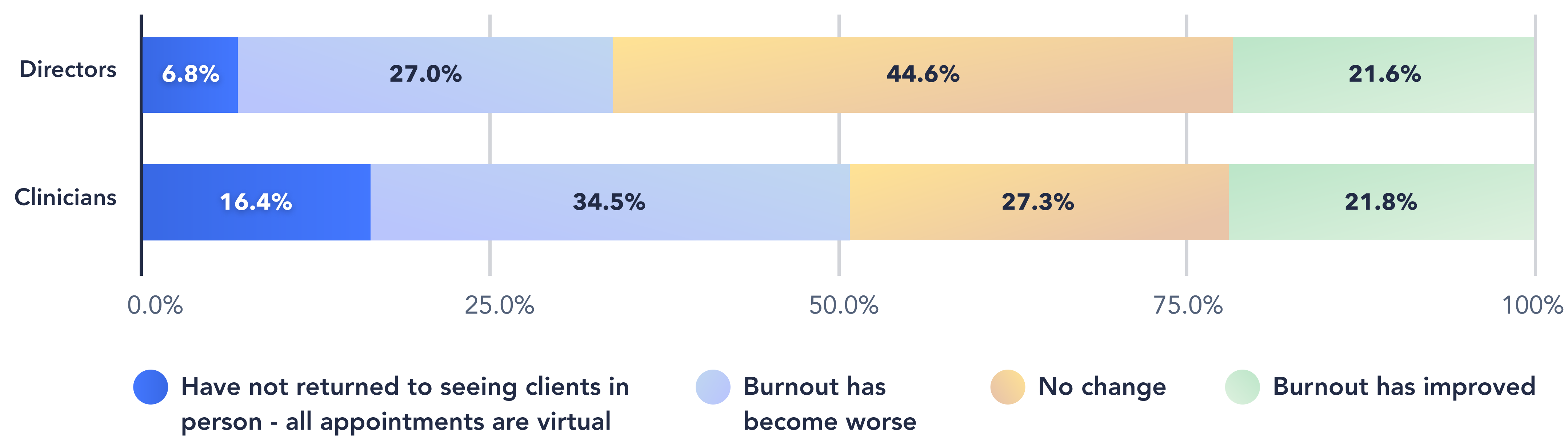


Figure 3. Signs and Symptoms of Burnout Among Clinicians at Counseling Center



Results

Figure 4. Effect of Returning to Seeing Clients in Person on Burnout

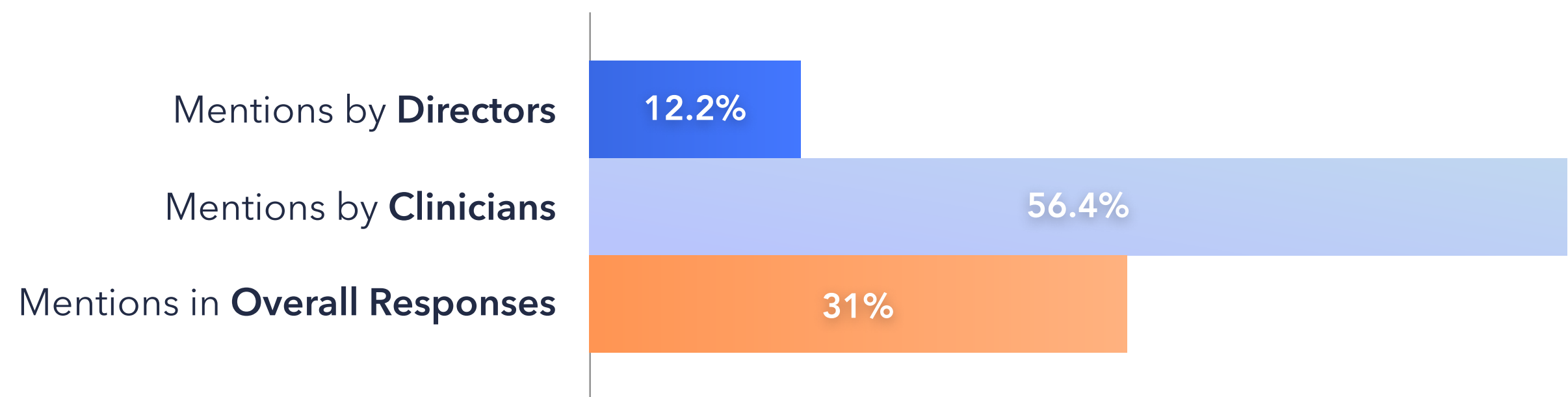


Notably, when asked how burnout was being addressed, directors pointed to many personal self-care practices – mindfulness, retreats, mental health days, etc. But when asked what they needed, providers noted more systematic changes – access to more providers, more flexibility, increased compensation, true time off. Many clinicians also addressed the support they want from directors and administrators – increased understanding, advocacy, and recognition of the mental health needs of clinicians themselves.

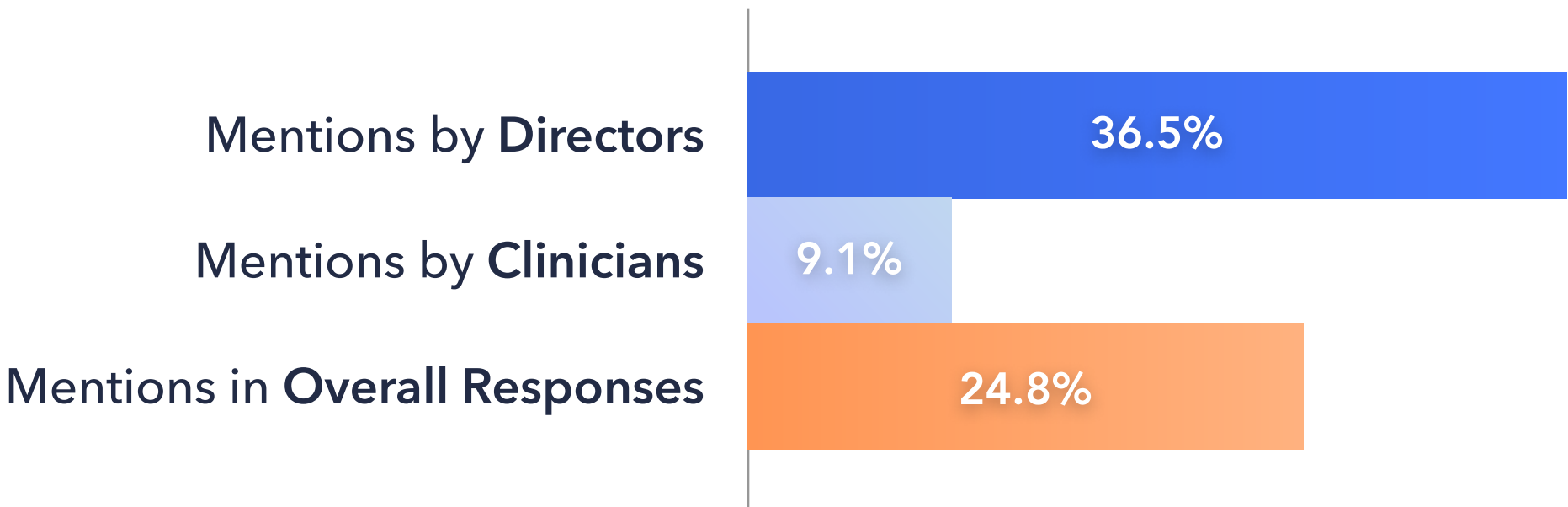
Clinicians are tired and the pandemic is no longer a high-intensity crisis with an end in sight. The reality of the college mental health landscape is that needs are high and the culture of seeking help, thankfully, is increasingly normalized for today’s college students. Students served at counseling centers, as well as clinicians themselves, deserve for each provider to have a reasonable workload. It is crucial that colleges and universities be intentional about mitigating provider burnout.

Table 3. Frequency of Themes Proposed as Solutions to Burnout

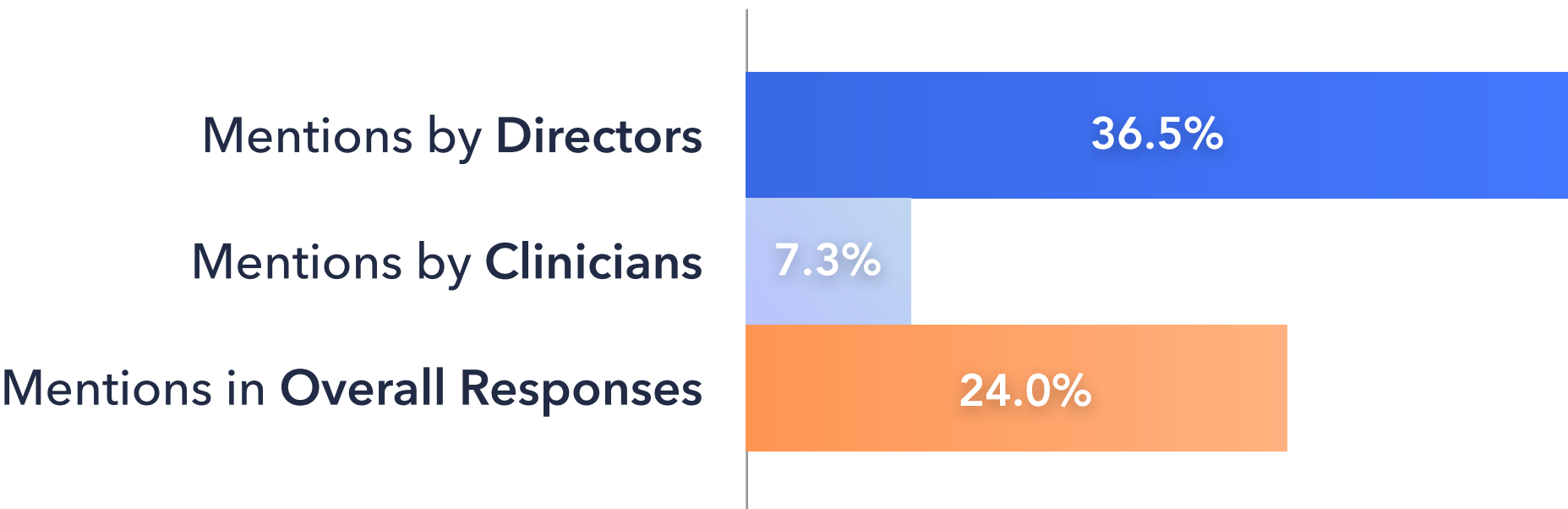
Reduced workload through expanded clinical team or outside support



More vacation time or greater flexibility around vacation time



Staff camaraderie and personal connections with coworkers



Results

Table 3. Frequency of Themes Proposed as Solutions to Burnout (Continued)

Opportunities to work from home (including via telehealth)



Positive feedback and express appreciation from managers, including promotions or raises



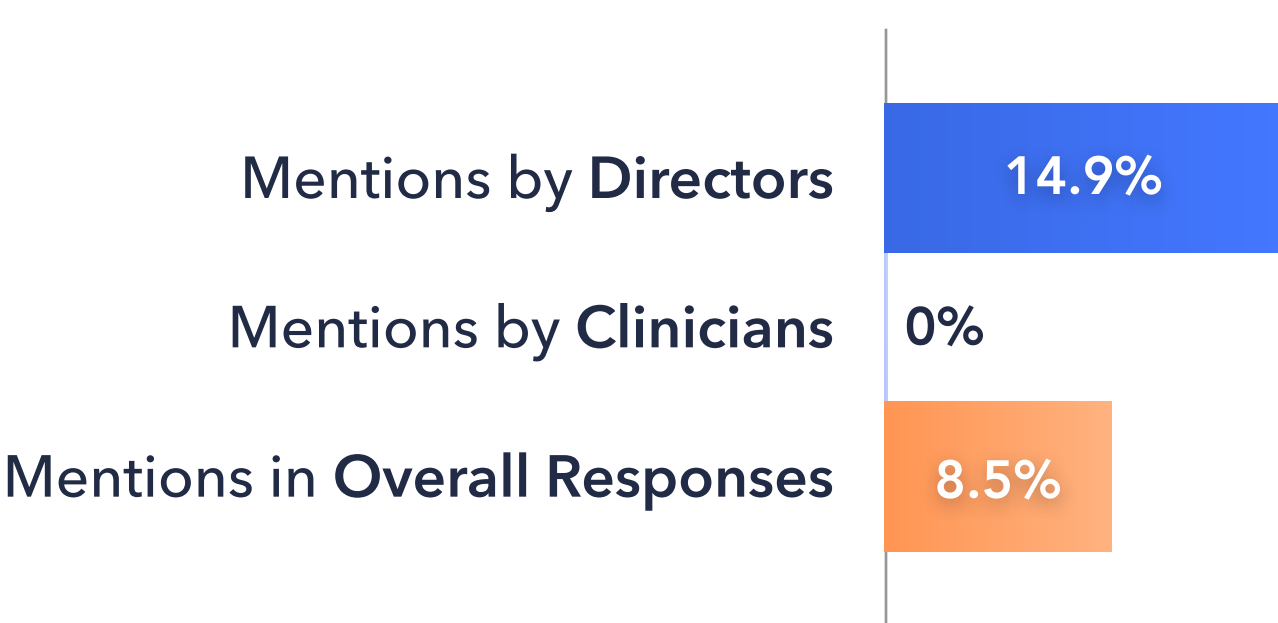
Limit on work outside normal hours and general boundary setting



Culture of openness to acknowledge and discuss burnout



Perks such as outings, retreat days, free lunches, gift cards, etc.



More coordination and teamwork among staff



Enforcement of mask wearing, physical distancing, and other in-person guidelines related to COVID-19



Hobbies



Exercise or physical activity



Meditation



Sleep



*Note that open-ended responses could propose multiple ideas and were therefore tagged with multiple teams. The percentages listed here reflect the frequency with which a theme appeared in survey comments and do not add to 100%.

Implications & Recommendations

The higher ed mental health space comes with a lot of expectations and demands on administrators and clinicians alike. The pandemic has exacerbated and added to those stressors, and it is no surprise that as the pandemic has continued, the needs of clinicians have evolved. It is especially concerning that clinicians are worried the quality of their care is being compromised, as this presents an ethical and legal liability, which underscores the need to revitalize the field. Complicating this task are increased demand for services and the augmented level of stress that clients are bringing to the consulting room. Clinicians are also contending with their own personal COVID stress as they worry about their own health and the health of their family and friends.

The results of this survey highlight the variable needs of clinicians as we enter a shift from the acute phase of the pandemic to an ongoing endemic situation. While most clinicians seem to have benefitted from returning to the connection and collegiality that the workplace offers, it is understandable that they have different feelings and varying needs around in-person clinical services. Paying attention to this distinction between being in the office versus providing in-person services, and the different needs of each clinician in an office, is key. There is also a deeper undercurrent to this survey on burnout, which is that institutions of higher education are having increasing trouble hiring and retaining quality mental health staff. Counseling Centers have historically been a desired workspace, with the rhythm of the academic calendar, a warm community of providers, and developmental goals that correspond well to the values of most clinicians. Counseling Centers are experiencing higher levels of turnover and smaller pools of new applicants, at the very time when those resources are most needed.



"The pandemic has exacerbated and added to those stressors, and it is no surprise that as the pandemic has continued, the needs of clinicians have evolved."

Addressing clinician burnout with creative strategies to address clinician's structural needs in the workplace would go a long way towards addressing both the immediate needs of this moment as well as the longer term needs of the discipline. Building on our discussion in last year's clinician burnout survey, in what follows, we detail some considerations for reducing burnout and increasing clinician satisfaction:

Implications & Recommendations

Boundaries

- **Encourage all staff to articulate needs and their own personal set of boundaries, especially around the nature of in-person versus virtual work and clinical services.**
- **Participate in other interests outside of mental health care that support a work/life balance.**

To sustain the work, one must also nurture that which is personally important and satisfying. Balancing work with family, friends and outside interests is critical, and the workplace can actively support these decisions

- **Support personal restoration.**

Adequate sleep is directly tied to our mood and concentration, yet can fall away when busy or stressed. Attention to diet, exercise and stress reducing activities such as yoga, meditation, and time outdoors are all critical. The workplace can consider allowing time for such restoration, even during the workday

- **Encourage and allow for sufficient time away from the workplace (e.g., vacations, long weekends) during regular times of work.**

Allowing breaks is critical for sustainability yet staff can feel reluctant to take time during busy periods when they may need a break the most



Connection

- **Nourish personal relationships with colleagues both during and outside of work.**
- **Encourage an environment of mutual support and connection, and find opportunities for collaboration and teamwork.**
- **Have periodic points of connection for staff with a main goal of fostering relationship building.**
- **Support staff who are struggling with family stress or illness that requires extra attention, or personally have a health issue that requires workplace accommodation.**

Create an environment where staff know that they can approach leadership for confidential support, without any repercussions, and take time away from the workplace if needed for family caretaking

Implications & Recommendations

Openness

- **Create a norm where staff have readily available consults when needed, as clinical staff may fear judgment in going to a supervisor or colleague when they feel uncertain about how to approach something clinically.**
 - **Communicate clear policies and procedures to reduce confusion and uncertainty in workflows and protocols.**
 - **Support personal help-seeking.**
- Clinicians often are reluctant to admit their own personal struggles, feeling that they should be strong and ready to care for others. Acknowledge that it is ok to present vulnerability and seek personal support. While this may take different forms, staff should be supported in seeking services from an EAP, personal therapist, coach or consultant
- **Connect with a network of professionals in your same role.**

For example, directors may feel that their unique position makes it challenging to present their own fatigue or uncertainty to their staff or supervisors. Join a community with other directors whom you can call to consult and consider meeting regularly. You can also look to professional organizations such as AUCCCD which provide a supportive network of others doing similar work



Structure & Values

It is critical to provide support for clinicians that is real and visible, and Colleges and Universities can address burnout in a number of different ways. Providing support for, and recognition of, counseling center staff is crucial. People are able to work in difficult conditions when they are recognized, appreciated, supported and feel that they are working as part of a larger community in support of a critical mission.

Structural Shifts

Recognize that workplaces have been permanently changed by the pandemic, as have cultural expectations around virtual clinical services. Allowing remote work and flexibility around in-person contact with colleagues and clients will allow some clinicians to work more productively and safely. In addition, preserving the emotional availability of clinicians is key for ensuring high quality of clinical care. Structural flexibility is especially important when transmission rates are higher in a local area.

Alignment of Values

Meaning and purpose help reduce burnout, and aligning the values of a workplace with ones that are salient to providers will contribute to a more effective and satisfying workplace. This means aligning a clinical service model with the values of the clinicians who provide those services, while aligning institutional values, communications, and expectations with the actual capabilities of a specific center.

Appreciation

The work of clinicians is often "quiet," with much of it done within a confidential consulting space. Elevating the visibility of the impact of that work is extremely helpful in contributing to the felt meaning of providers' efforts. Likewise, elevating a Counseling Center's contributions is equally important to the community as a whole, recognizing the work of a service that is often hidden by the confidential nature of the work. Making an effort to publicly recognize clinicians and the counseling center for their contributions to a campus community can go a long way to contributing to clinician satisfaction.

Engaging Partners

Recognizing that Counseling Centers "can't do it alone" is an important shift that is emerging in the field. After years of efforts to meet the needs of comprehensive campus communities and residential experiences, increasing demand has meant recognizing that on-campus and off-campus partners are essential to meeting student needs. Leveraging resources on campus to provide additional services to students is critical, as is exploring off-campus partnerships that can provide additional clinical support. Training the entire campus community in early recognition of students in distress and in active bystandership is critical. Addressing the mental health concerns of students cannot be the responsibility of the counseling center alone. The responsibility for this sits with the college community as a whole, with the counseling center serving in a critical central role.

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