

# Committing to Resilience in Tough Times

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The past two-plus years have been a toxic stew of unprecedented events. We are living a century's worth of historic events in real-time: a shared experience of complex trauma, a global pandemic, worldwide demonstrations, civil unrest with a push for social justice and reform, and, as I write this, Russian aggression in Ukraine that leaves the world teetering on the edge of global conflict. If ever there was a time for resilience, it is now!

But I am not talking about the “pull yourself up by the bootstraps,” “slap a smile on your face” kind of resilience... it is not that easy. Resilience is not just optimism or a sunny disposition. It does not keep you from experiencing difficulties or distress. The Substance Abuse and Mental Health Services Administration (SAMHSA) defines resilience as an individual's ability to cope with adversity and adapt to challenges or change.<sup>1</sup> It is the ability to adapt to trauma, tragedy, and stress.

At the *National Council for Mental Wellbeing*, we take resilience seriously. It touches everything we do. We believe that individuals, organizations, communities, and systems can take specific actions to ease the burden of traumas from the past and minimize re-traumatization in the present and the future. It is not enough to just be a trauma-informed organization; we need to be resilience-oriented at the individual, organizational, and community/system levels.

We embrace the belief that an individual's health is impacted by the events in their lives, and that healing and recovery are possible. And that is a concept we need to take to heart as we continue to reel from the effects of the COVID-19 pandemic and its unanticipated longevity on the mental health and substance use treatment workforce. During the COVID-19 pandemic, about four in 10 adults in the USA reported symptoms of anxiety or depression, compared to one in 10 adults who reported these symptoms between January and June 2019.<sup>2</sup>

At the same time, the toll of intergenerational, or historical trauma, is becoming more evident in our world, in our clients, and in our workplace. Emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma experiences, is cumulative and leads to microaggressions and everyday experiences of discrimination, racism, and daily hassles targeted at individuals from diverse racial and ethnic groups. Health disparities, substance abuse, and mental illness are all commonly linked to experiences of historical trauma.<sup>3</sup>

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A survey of the National Council's membership by Morning Call, conducted in September 2021,<sup>4</sup> confirmed a surge in demand for our services and its corresponding effect on staff. More than three-quarters of members (78%) said that demand for their organization's services increased over the previous three months and a full 97%, nearly all our members, reported that it was difficult to recruit employees citing a lack of qualified applicants and burnout from COVID-19.

One respondent summarized it in their response: "Caseloads are too high and supervision loads are too large. People are overwhelmed and overworked, leading to more turnover and burnout".<sup>5</sup> Far from being immune from the consequences of stress, health care workers struggle with increased stressors. In addition to caring for those in need, staff are worried about their jobs, how to care for their children, and if they or their family members will get sick.

Building resilience in the workforce is key to adapting to the challenges ahead. The good news is there is an opportunity in this crisis. The Trauma-informed, Resilience-oriented Care (TIROC) Training and Consulting Practice area<sup>6</sup> has helped organizations in primary care, mental health and substance use treatment, schools, community services, managed care, and government settings achieve the quadruple aim of (1) enhancing the patient experience; (2) improving population health; (3) reducing costs; and (4) enhancing the work life of their staff. An expert team of thought leaders guide organizations as they implement multi-faceted initiatives focused on the foundation of TIROC to apply complex strategies that impact social needs and access to care.

Recognizing that trauma is far-reaching in both scope and effect, the National Council partners with organizational leaders and other key stakeholders to shape the conversation and advance the direction of the field. With nationally recognized thought leaders like Kaiser Permanente, we compile and infuse learning from our national reach to initiate research, support practice improvement initiatives, and create actionable tools to facilitate organizational implementation.

Implementing trauma-informed approaches within primary care marks a fundamental shift in care delivery that supports improved utilization of services, improved patient outcomes, increased staff satisfaction, and healthier work environments. There are effective strategies primary care providers can implement to improve the health and resiliency of individuals with histories of trauma resulting in better patient and provider outcomes. The Trauma-Informed Care Primary Care: Fostering Resilience and Recovery initiative developed, tested, disseminated, and scaled a field-informed change package<sup>7</sup> to provide information, action steps, and tools to guide implementation of a trauma-informed primary care approach.

We also recognize that the concept of resilience is not confined to those in health care professions; we can all make contributions to our own mental well-being and of those around us. With Mental Health First Aid,<sup>8</sup> we empower everyone to #BeTheDifference with training that provides the tools to assist someone experiencing a mental health or substance use-related crisis, learn risk factors and warning signs for mental health and addiction concerns, and how to help someone in both crisis and non-crisis situations, and where to turn for help.

This issue of *JBHS&R* has an excellent paper about building resilience during the COVID-19 pandemic.<sup>9</sup> The article is a first-hand description of one organization's barriers, strategies, and lessons learned that resonates with me, and I hope it will with you, as well.

Earlier in this reflection, I wrote that resilience touches everything we do at the National Council, and it truly does. As you read the breadth of research and experiences included in this issue of *JBHS&R*, from mental health among service members and veterans with disabilities<sup>10</sup> to implementing a police-mental health collaborative<sup>11</sup> to mental health treatment strategies in youth communities<sup>12</sup> to asking suicide screening questions,<sup>13</sup> I urge you to read these articles through a resilience-oriented lens. I think that you will find a new appreciation for the power of resilience.

We need to commit and recommit to resilience every day to transform the way we think, the way we respond to crisis, and, ultimately, how we care for ourselves, our loved ones, and our clients.

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