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Holding the Weight: Sustaining Healthcare Workers in High-Impact Communities

A Mentalization-Based Approach

Montana Conference on Suicide Prevention

Selin Kelly, LCSW

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Introduction - Selin Kelly, LCSW

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Disclosures & Land Acknowledgement

traditional homeland to the Séliš (Salish), Qĺispé (Kalispel / Pend d'Oreille), and Ktunaxa (Kootenai) people — collectively the Confederated Salish and Kootenai Tribes — with lands also historically traveled by the Niitsítapi (Blackfeet), Apsáalooke (Crow), and Newe (Shoshone) people

native-land.ca

Learning Objectives

- Identify systemic and occupational factors that shape provider vulnerability, risk, and sustainability in high-impact care settings.

- Recognize how acute and chronic stress affect provider functioning, and apply approaches that support mentalization, reduce moral strain, and strengthen resilience at the individual and team level.

- Explore provider-focused strategies for suicide prevention that build safe, resilient, and sustainable care systems.

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Agenda

- **What, Why, and How:** Suicide prevention from provider lense, why provider well-being matters in high-impact communities, and how we'll get there
- **Theoretical Foundations:** Moral injury / moral distress literature and Occupational stress models in high-stakes care
- **Cumulative Exposure, Moral Strain, and Identity:** how sustained exposure shapes meaning, identity, and moral clarity
- **Mentalization:** A Framework – introducing mentalization as a protective lens in provider wellness
- **Bringing It Together:** Strategies and Tools for Practice

Trigger Warning

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What does prevention mean to you?

- When you hear the word "prevention" — what comes to mind first?

- How do you feel when you're the one holding the weight of someone else's crisis?

Why Come at Prevention From This Angle?

- Traditional prevention relies on an "identify and refer" approach — trying to predict who will die by suicide and directing them to treatment

- Most people who attempt suicide don't want to die, they want to escape overwhelming circumstances

- Suicide is a public health concern; not a narrow clinical/mental-health one, focused on building lives worth living, not just managing risk

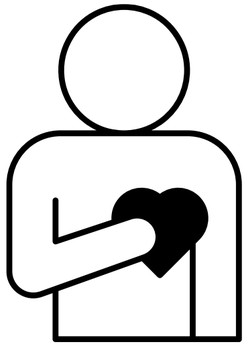
- If prevention is about the conditions people live and work in — not just identifying "who's at risk" — then providers' environments, moral demands, and sustainability matter just as much as patient-level screening

Suicide Risk in Healthcare Workers

- An estimated 300–400 healthcare workers die by suicide every year in the U.S. (Jain et al., 2024)
- Several healthcare workers show higher suicide rates than non-healthcare workers — support workers and nurses stand out most (Olfson et al., 2023)
- Burnout as a work-related syndrome with three core components: emotional exhaustion, depersonalization, and reduced sense of personal accomplishment (West et al., 2018).

Moral Distress vs. Moral Injury vs. Burnout

"When one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action" (Jameton, 1984)



Characterized by enduring, lasting psychological and spiritual wounds not just momentary distress

Driven by workload, inefficiency, lack of control, and organizational factors rather than a specific moral transgression

Moral Distress vs. Moral Injury vs. Burnout cont.

	Moral Distress	Moral Injury	Burnout
Nature	Situational, acute	Cumulative, lasting	Systemic depletion
Core experience	"I know what's right, but I can't do it"	"What happened violated who I am"	"I'm exhausted and disconnected"
Driver	Institutional constraints	Moral transgression (by self or others)	Workload, systems, lack of control
Marker	In-the-moment distress	Guilt, shame, isolation	Exhaustion, depersonalization, reduced accomplishment

Jameton (1984); West, Dyrbye & Shanafelt (2018)

Why does this distinction matter?

- Misdiagnosis leads to the wrong fix: burnout solutions (wellness days, workload tweaks) don't touch a wound to moral identity (Litz et al., 2009; West et al., 2018)
- It validates what providers actually feel: without pathologizing it as "just" fatigue (Jameton, 1984)
- It sharpens the concept: moral strain isn't a rebrand of burnout; it's a distinct construct (West et al., 2018)
- It points to the right tool: mentalization addresses the moral injury/distress layer; systemic change addresses burnout, and both are needed, not one instead of the other (Menon et al., 2020)

How Sustained Exposure Shapes Meaning, Identity, and Moral Clarity

- Distress from high-impact work doesn't just come from single critical events — it builds across shifts, careers, and lifetimes (Cogan, 2026)
- Moral injury research now recognizes this as cumulative, not just incident-based — repeated strain compounds over time (Rosell, 2026)
- Left unaddressed, this can erode self-concept and identity — undermining self-trust and self-worth, not just mood or energy (Jia et al., 2025)
- Standard measurement tools capture distress, but often miss this deeper, identity-level disruption (Keric et al., 2026)

What is mentalizing?

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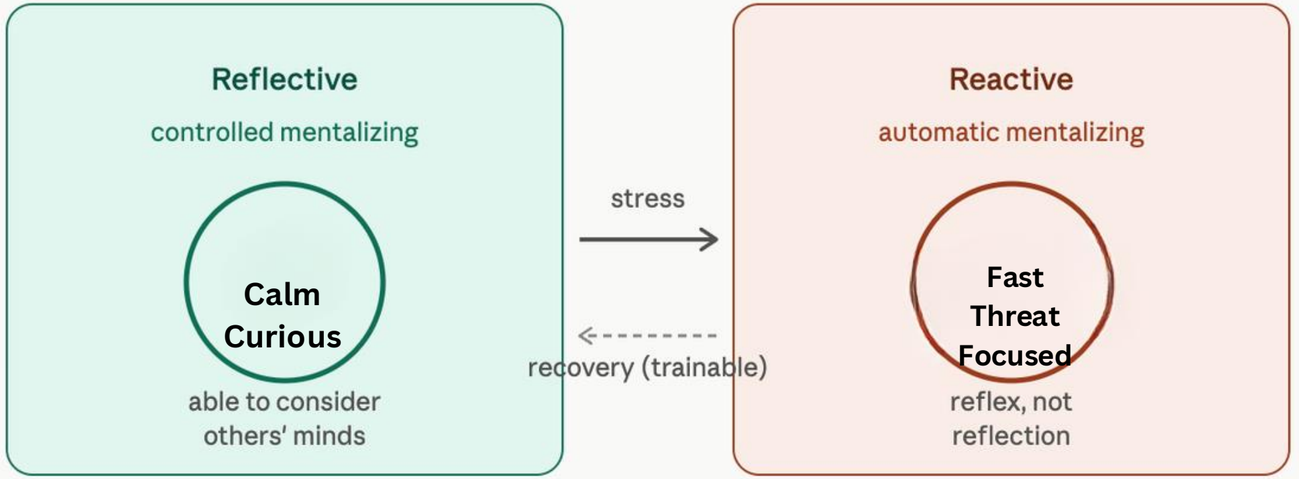
Mentalization for Suicide Prevention

- Prevention isn't about identifying who will die by suicide — it's about building conditions for a life worth living. That includes the conditions providers work in.
- Mentalizing deficits are directly linked to elevated suicide risk
- Mentalizing-focused interventions have been associated with reduced suicidal behavior

(Bryan, 2021; Rossouw et al., 2012; Fonagy & Luyten, 2009)

What is mentalizing - Neurobiology?

Mentalization is the ability to understand behavior- your own and others'—in terms of underlying thoughts, feelings, intentions, and beliefs.



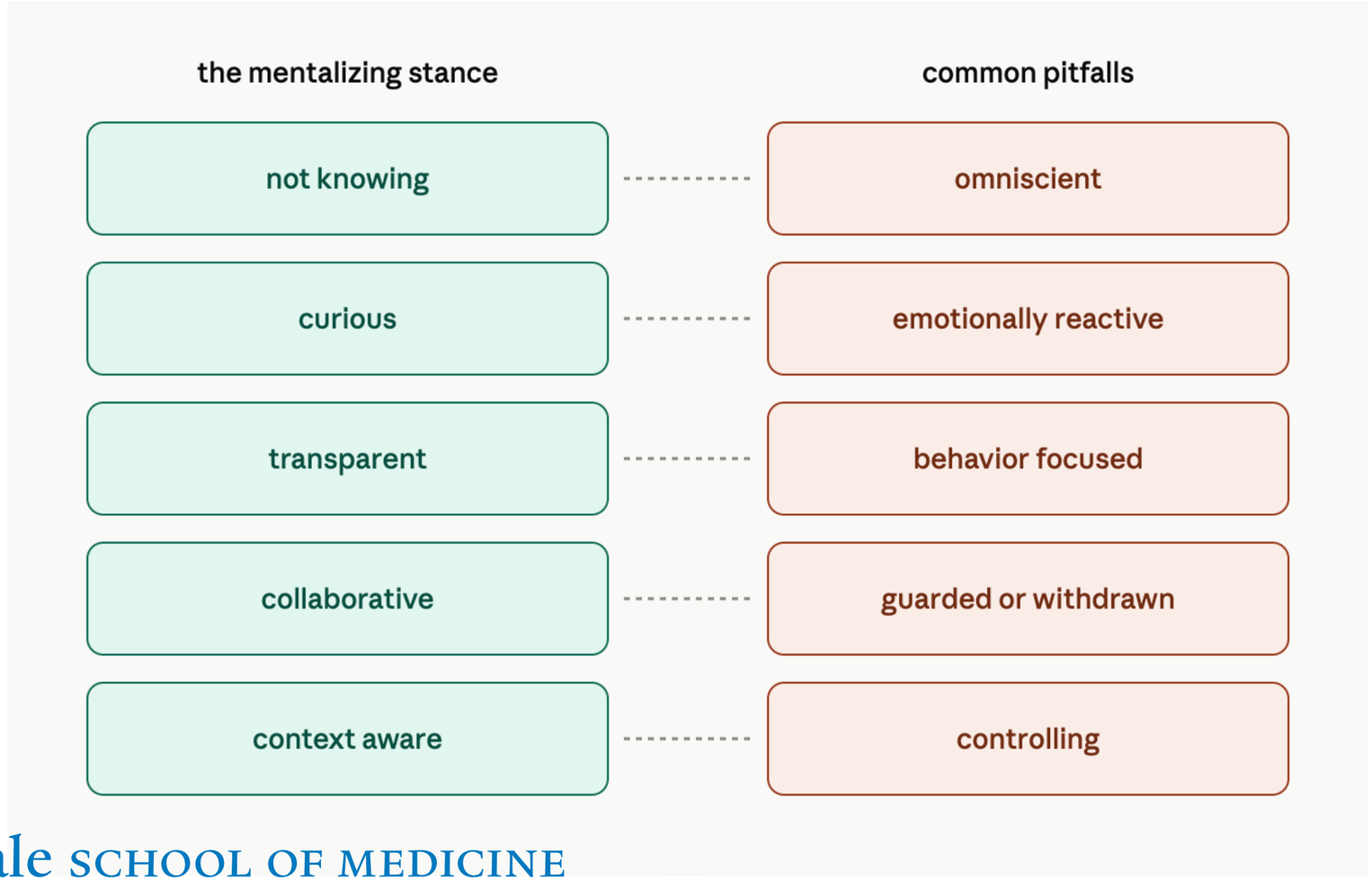
Mentalization Model Activity

1. Take a few minutes to identify a close relationship you have. What are your feelings about that relationship? What are your needs from that relationship? What are some reasons you maintain the relationship?

2. Now, do the same thing from the other person's perspective, imagining the answers the other person would provide.

Mentalizing cont.

- Mentalizing stance components - perhaps we present in a different way? and maybe on the opposite side are the pitfalls or ways we dont get it right.



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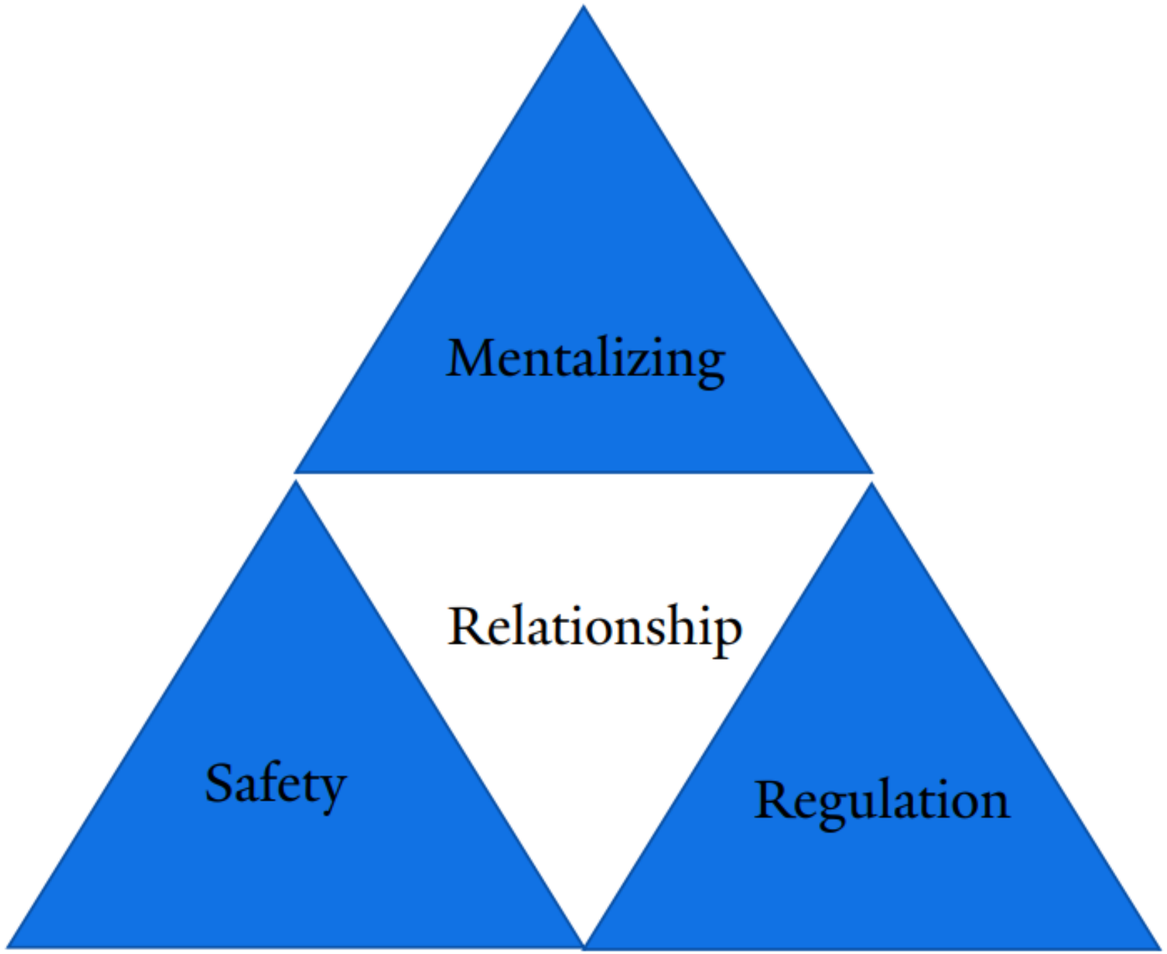
Mentalizing is about the relationships

- Mentalizing develops through relationships — attachment and epistemic trust are its foundation
- It's expressed in relationships — including the provider-patient relationship itself
- Isolation is a threat to mentalizing — not just a wellness issue
- Team, peer, and community relationships aren't extras — they're what makes reflective practice possible

Costa-Cordella, S., & Luyten, P. (2024)

Relational Foundations of Mentalization

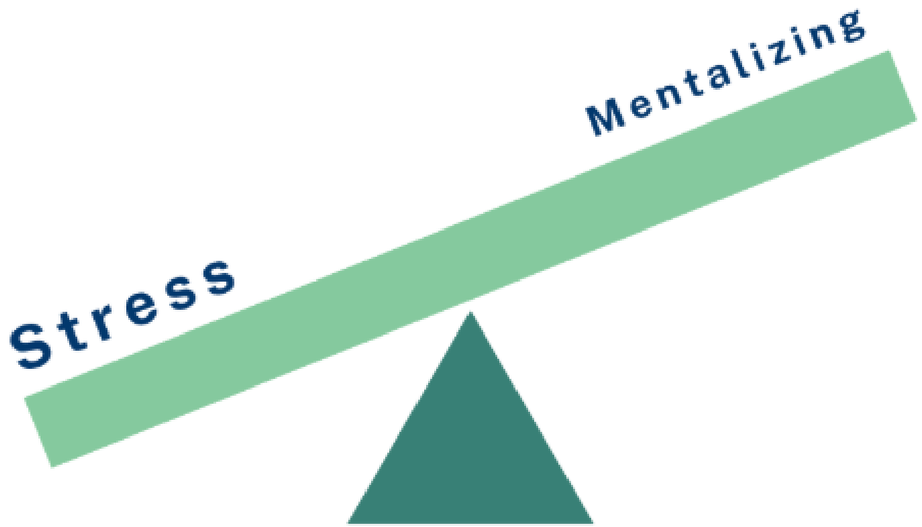


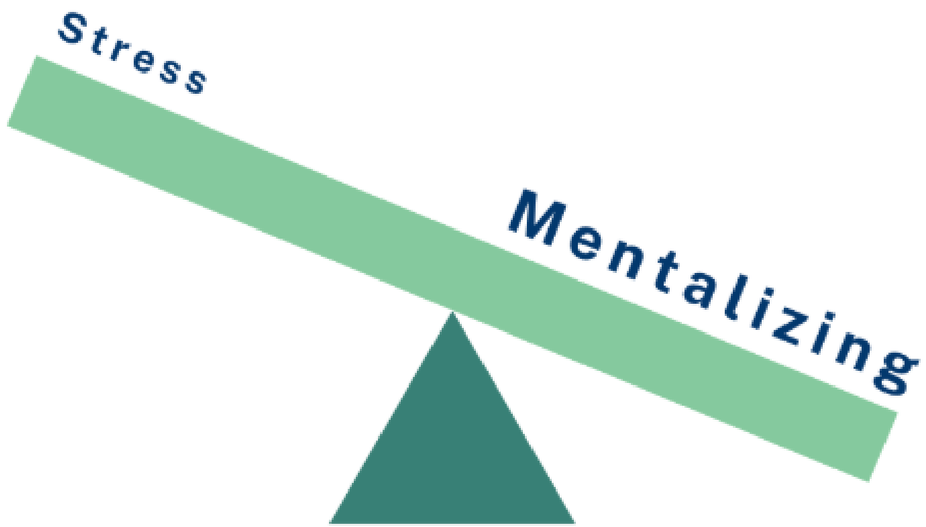
(Slade, 2023)

USING MENTALIZATION IN THE HEALTHCARE AND GRIEF SETTING

- Build stronger relationships
- Navigate grief reactions with compassion
- Reduce communication breakdowns
- Facilitate reflective conversation
- Build trust, insight and prevent judgment

COMMON BREAKDOWNS IN MENTALIZATION





It is not about what to say; It is about the connection

- Mind-blindness: momentarily losing sight of the other person's inner world — often a stress response, not a character flaw
- Mentalizing is dynamic: it shifts moment to moment — automatic ↔ reflective, self ↔ other
- The words only work when the stance behind them is real

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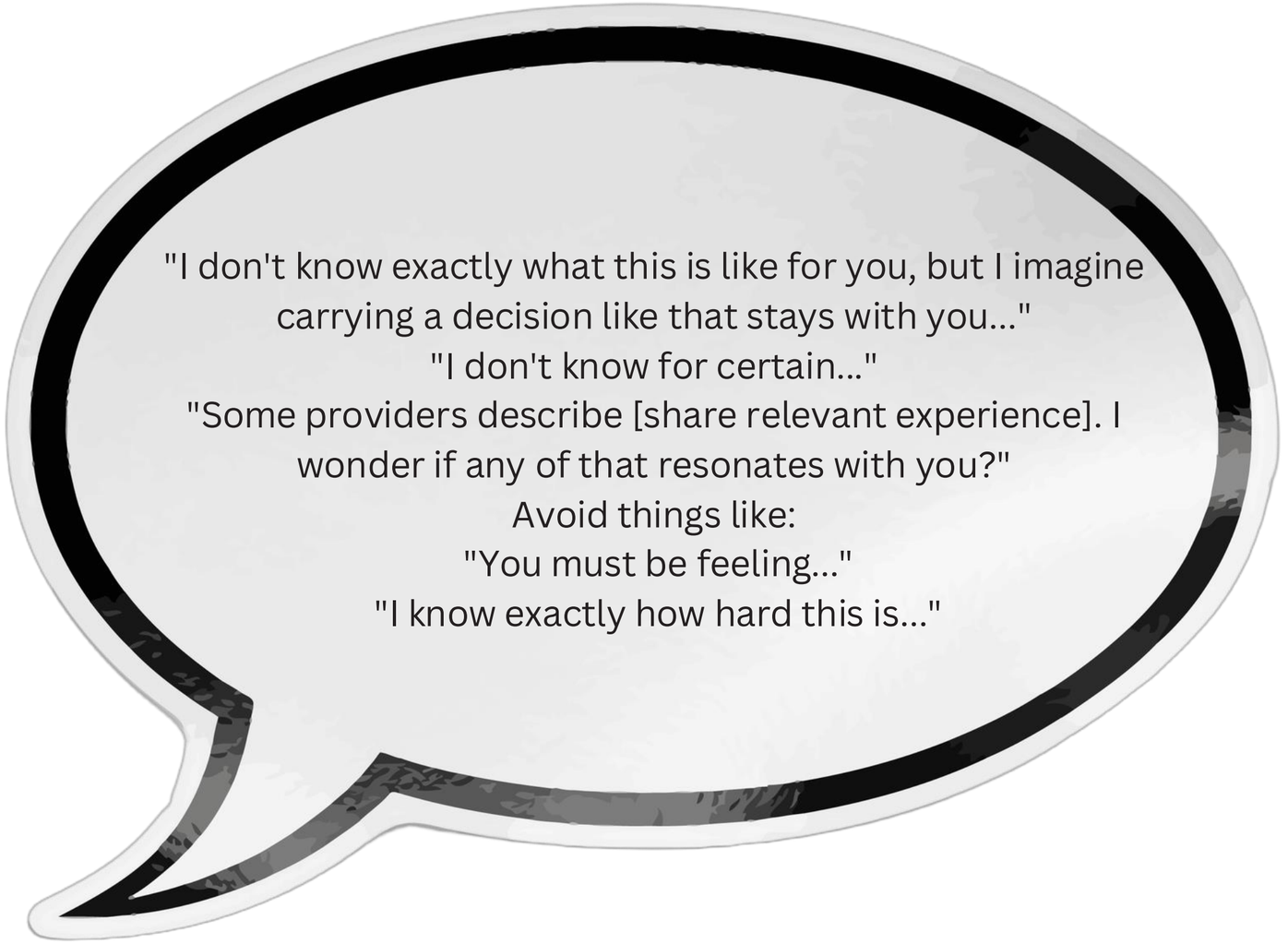
Luyten, P., Campbell, C., Allison, E., & Fonagy, P. (2020)

The Mentalizing Stance: Not knowing



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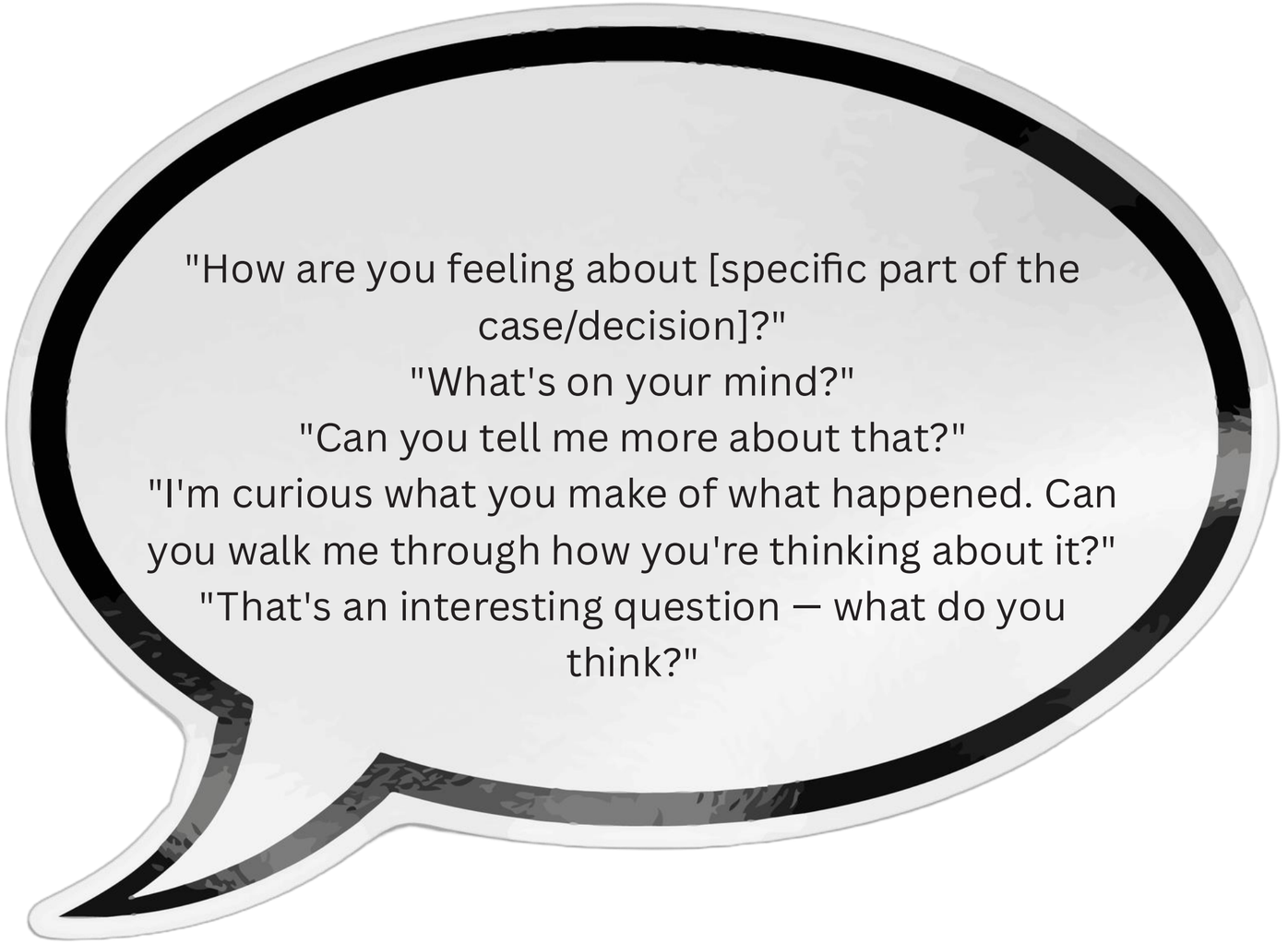
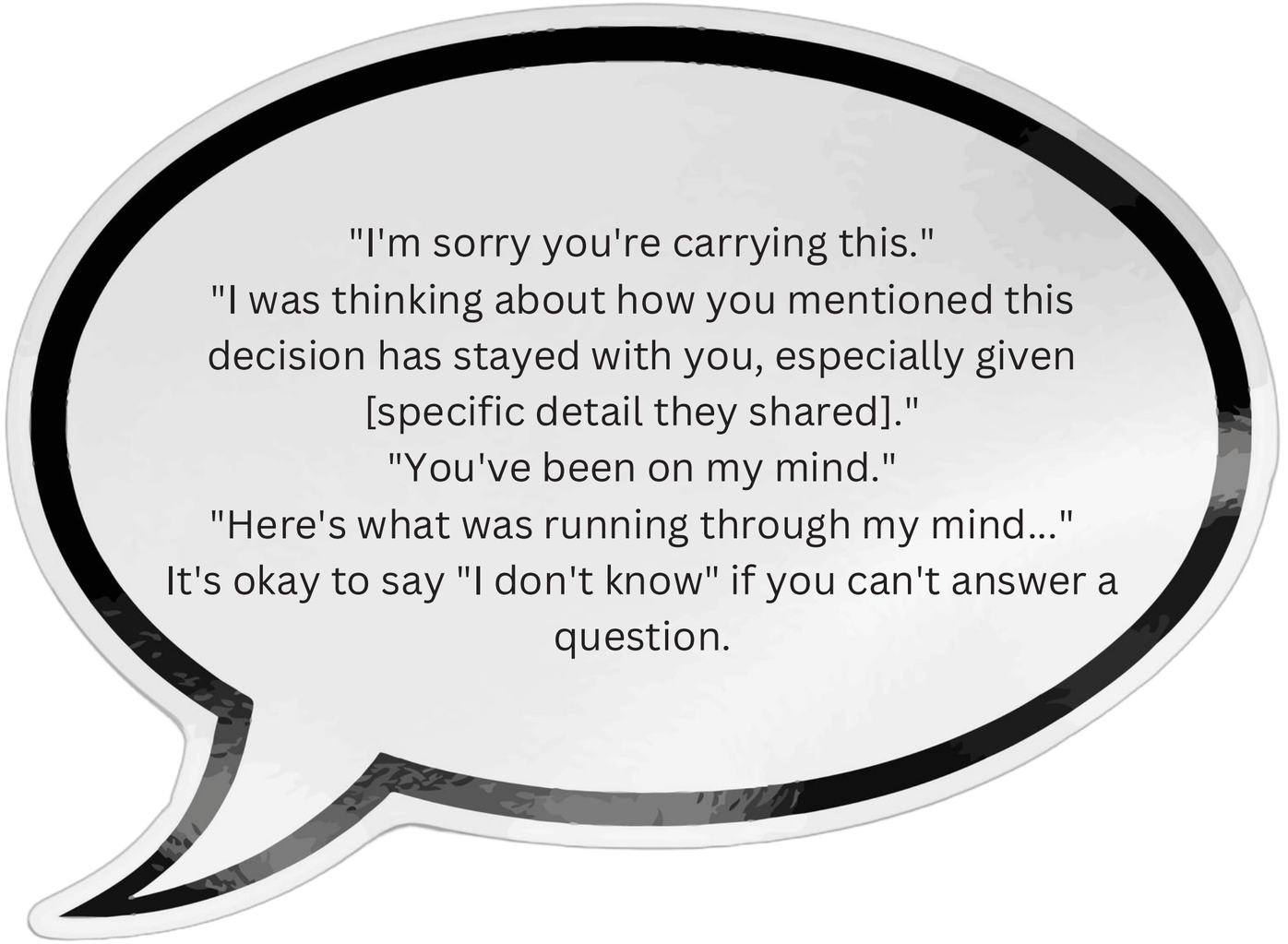
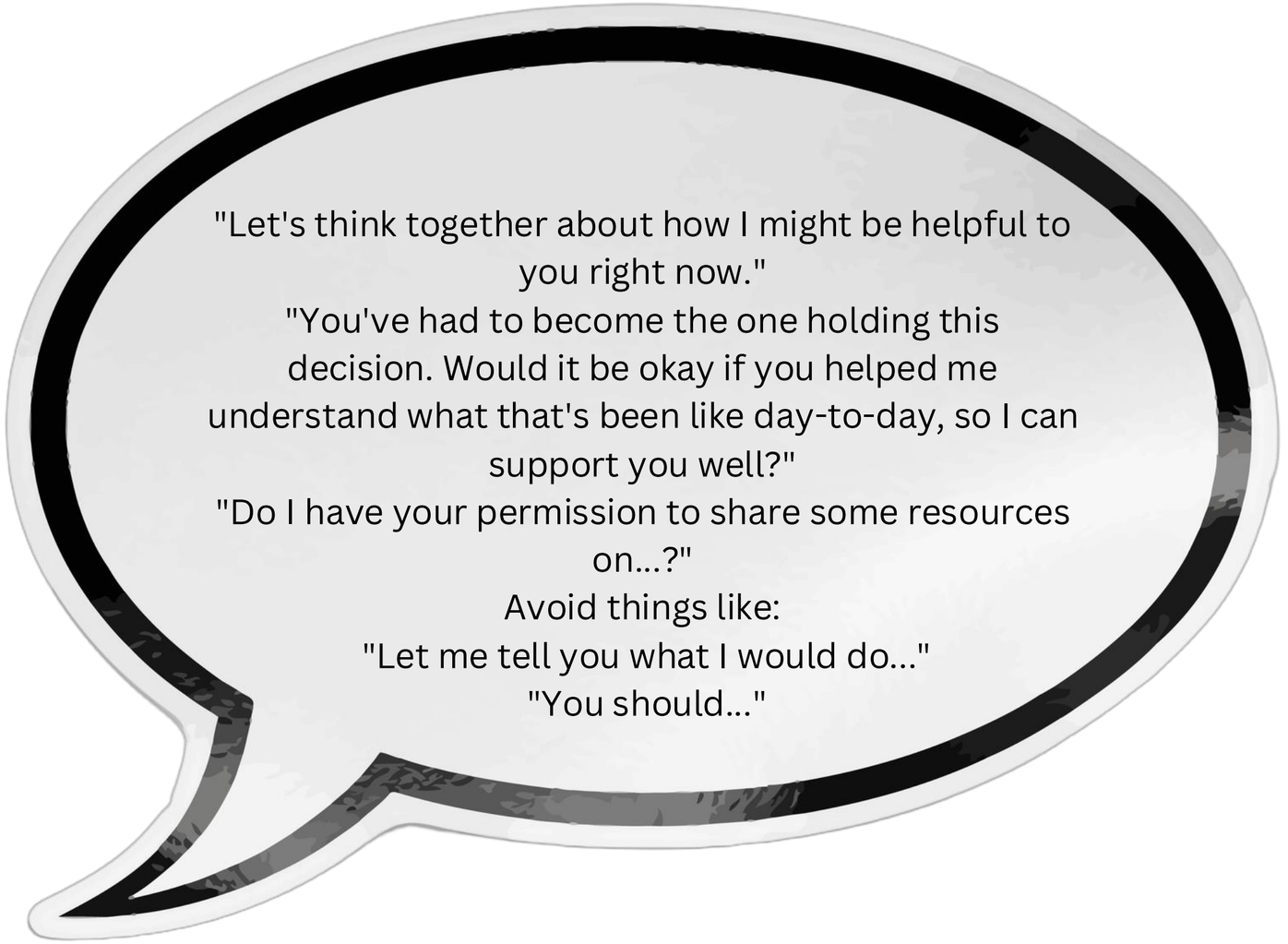
The Mentalizing Stance: Interest and Curiosity



The Mentalizing Stance: Transparency



The Mentalizing Stance: Collaborative



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Mentalizing Is already yours

- Mentalizing is something you already do. It is like breathing; it is a natural part of the human experience.

- Just as breathing can be used to enhance our functioning, reflective practice can be harnessed to enhance the way we care for our patients, their families, and ourselves.

Putting it into practice

MENTALIZATION CHECKLIST

Pause

Consider what's under the surface

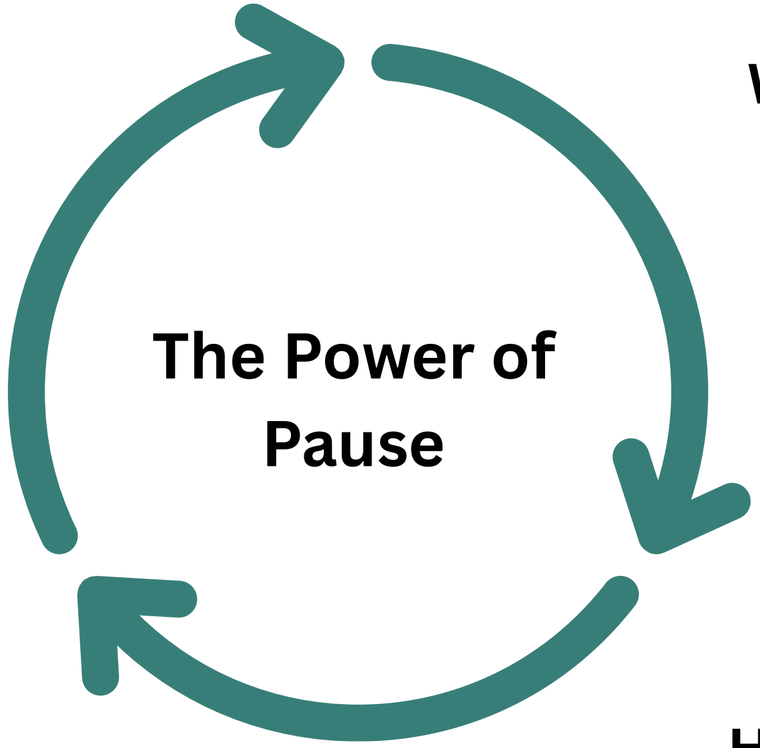
Check your assumptions

Stay curious

A Practice for Self-Reflection

How am I feeling?

What is on my mind?



What are my needs?

How is this impacting my behavior or interactions with others?

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Helpful Language for Self-reflection

Common Emotions

Tired, irritable, numb, overwhelmed, sad, resentful, anxious

Common Behaviors

Short-temper, withdrawing, overexplaining or apologizing, saying yes when meaning no, distracted, difficulty concentrating

Common Thoughts

Work responsibilities, a specific person or relationship, unfinished or undone tasks, a worry about the future, dwelling on the past events

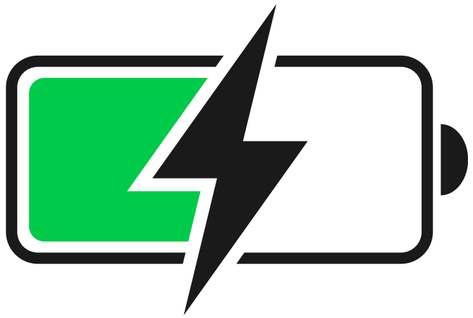
Common Needs

Rest, connection, movement, peer support, to slow down, practicing boundaries by delaying, play and fun

Keeping Things Sustainable: Personal Wellness (as known as "Self-Care")

What it is

- Actions to maintain effective functioning & wellness
- A skill that requires cultivation & discipline
- Core competency of mental healthcare providers
- Essential to maintaining ethical & competent care



What it is NOT

- Optional activity done when all other work is complete
- Something to start only after burnout
- Selfish & narcissistic
- Activity that must be done in private / isolation

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Navigating Barriers to Personal Wellness

- **Systemic barriers to saying no** → Talk with supportive peers; set small boundaries; try “not now, later.”
- **Productivity pressures** → Build in micro-pauses (2–3 minutes); use grounding or breathing; keep a short reflective journal.
- **Urgency culture** → Watch for the overwhelm and stress signals (fatigue, irritability, hopelessness, avoidance, trouble concentrating).
- **High-demand workload** → Respect the need for personal wellness to be your best professional self and invest in your own balance as you show up for others.

Barnett & Homany, 2022

Further Strategies

1. **Self-Monitor.** Be aware of your emotions and reactions. Be honest about your needs. How do you know when to recharge?
2. **What's Working?** What do you find enjoyable, relaxing, and restorative? When are these accessible, and who do you enjoy them with?
3. **What's Not Working?** Are there ways you cope that are more harmful than helpful that could be replaced?
4. **What Can You Change?** What obstacles are in the way of adding or removing self-care strategies?

See 'Self-Care Plan' Worksheet

Barnett & Homany, 2022

“I’ve learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.”

-Maya Angelou

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In Closing: Hope

"no storm can last forever, the sun always has to come out. That's why the sun behind the clouds symbolize[s] hope to me, because even if its raining now, I have hope that my future will be beautiful rather than scary."

- Teenage boy (17yo) with lived experience of recurrent suicidal thoughts

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Suicide is preventable.

ACKNOWLEDGEMENTS

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RESOURCES - WEBSITES

Grief-Sensitive Healthcare Project
griefsensitivehealthcare.org

Speaking Grief
speakinggrief.org

Grief Supportive Workplace Initiative
griefsupportiveworkplace.com

What's Your Grief
whatsyourgrief.com

National Alliance for Children's Grief
nacg.org

Dougy Center
dougy.org

Judi's House/JAG Institute
judishouse.org

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Acknowledgment - Cha Lab

The Cha Lab focuses on youth suicide risk and prevention. Our projects investigate pragmatic and impactful intersections across psychology, medicine, technology, and culture.

- Collaborations on Suicide Risk Assessments and Prevention [Emergency Departments, Family-Based Care Interventions]
- Future thinking and suicide prevention
- Clinical Summaries

No Conflicts of Interest.
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Yale Center for Brain & Mind Health

Youth NAVIGATE

- Youth-led initiative to make mental health research accessible to teens by distilling academic papers into clear, relatable summaries -- **written by and for youth**.

- All posts are led by high school students, with content vetted by YCSC researchers

Instagram:
www.instagram.com/youth.navigate/

YouTube:
www.youtube.com/@YouthNavigate/

Blog:
campuspress.yale.edu/youthnavigate/

Weekly Updates

Questions or interested in further training?

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Thank you!