Hearing of the Appropriations Subcommittee on Corrections

4TH OF DECEMBER 2019, LANSING, MI

Descriptive Study of MDOC Staff Well-being: Contributing Factors, Outcomes, and Actionable Solutions

Study conducted by
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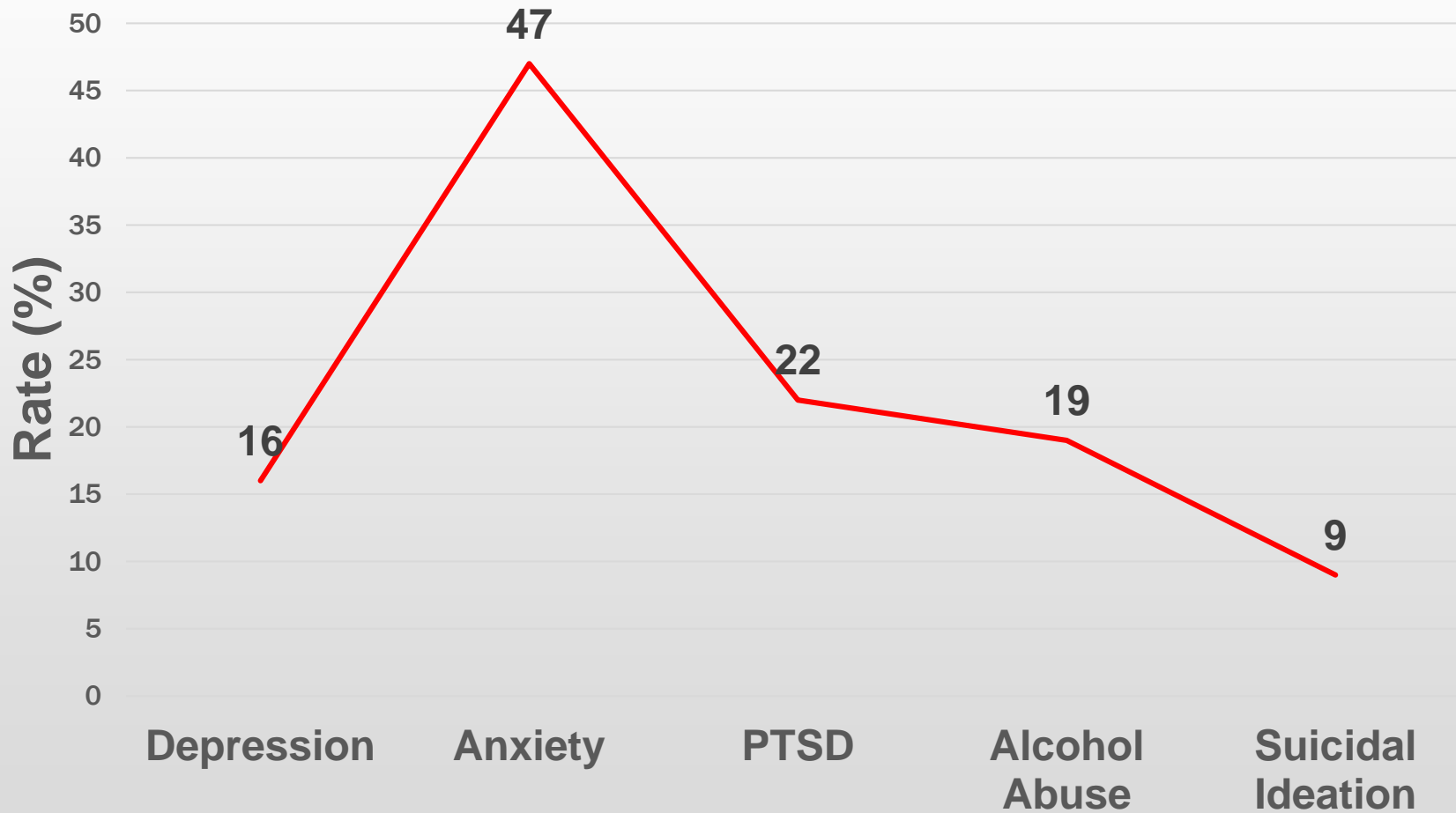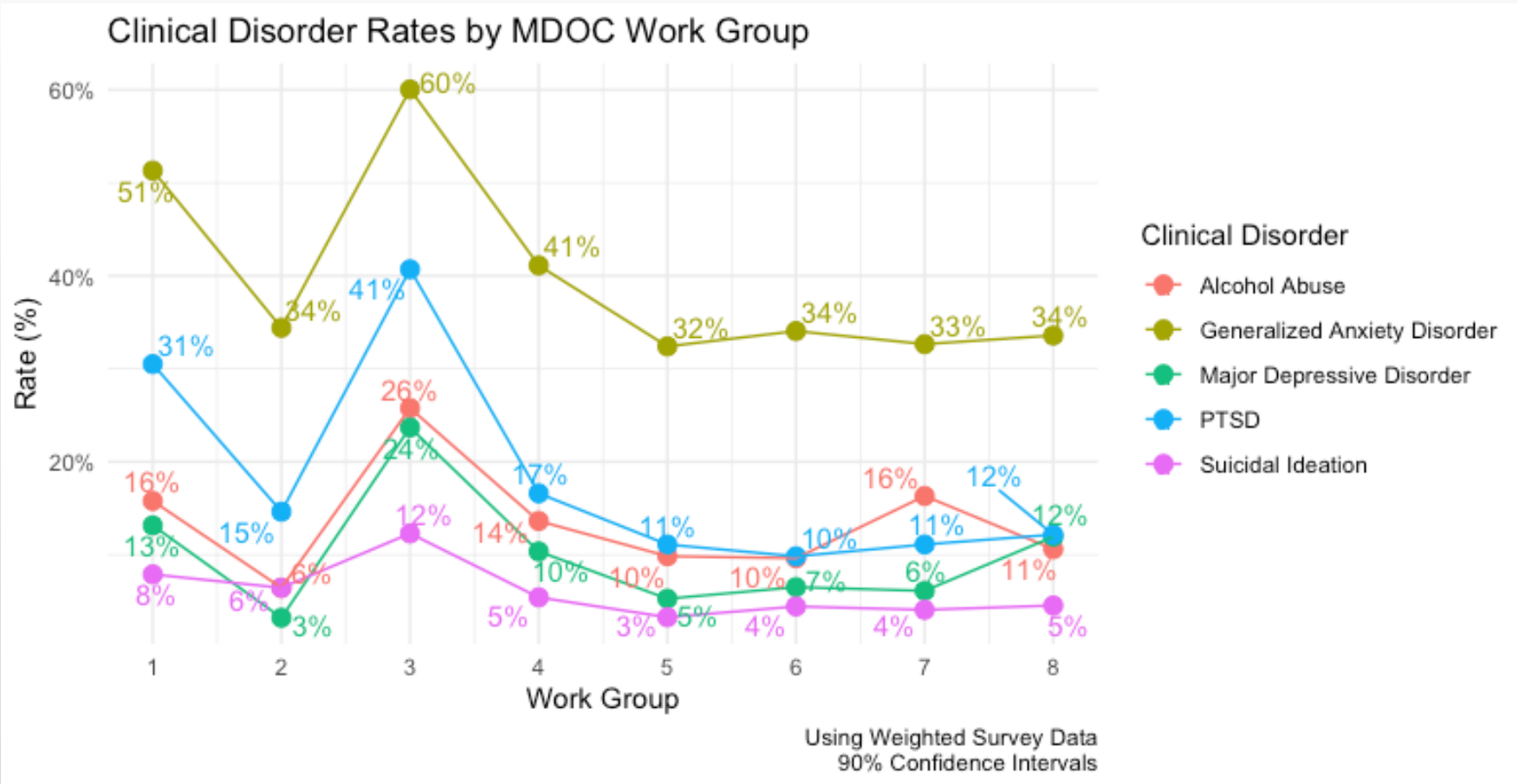## HTTP://DESERTWATERS.COM

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What Do the Data Show?

Clinical Disorder Rates by MDOC Work Group

Percentage of All MDOC Staff Screening Positive for Clinical Disorders

Rate (%)

50
45
40
35
30
25
20
15
10
5
0

16   47   22   19   9

Depression   Anxiety   PTSD   Alcohol Abuse   Suicidal Ideation

Using weighted survey data

Clinical Disorder Rates by Work Group

1. Women's Custody staff
2. Women's non-custody staff
3. Men's custody staff
4. Men's non-custody staff
5. Field Operations Administration, Parole and Probation Agents
6. FOA all other staff
7. Headquarters Managers/Supervisors
8. Headquarters Support staff

Co-occurring Disorder Estimates for All MDOC Staff

|	Custody staff % (n)	Non-custody staff % (n)
Depression & PTSD	20% (1303)	5% (302)
...& Generalized Anxiety	18% (1203)	5% (279)
...& Alcohol Abuse	8% (515)	1% (71)
...& Active suicide plans	< 1% (61)	< 1% (6)

Using weighted survey data

Path Model
Supported by the Data

Health Outcome Variables Used in Path Model

- **Social Health:** quality of staff relationships with direct supervisors, coworkers and offenders

- **Work Health:** morale, physical and emotional energy levels, and job satisfaction

- **Mental Health:** screening for depression, PTSD, anxiety, alcohol abuse, suicidal thoughts and behaviors

- **Physical Health:** sum of 22 diagnoses

- **Family Health:** withdrawal, unavailability, and behaviors based on work trauma

Final Path Model of the Variables Studied and their Relationships
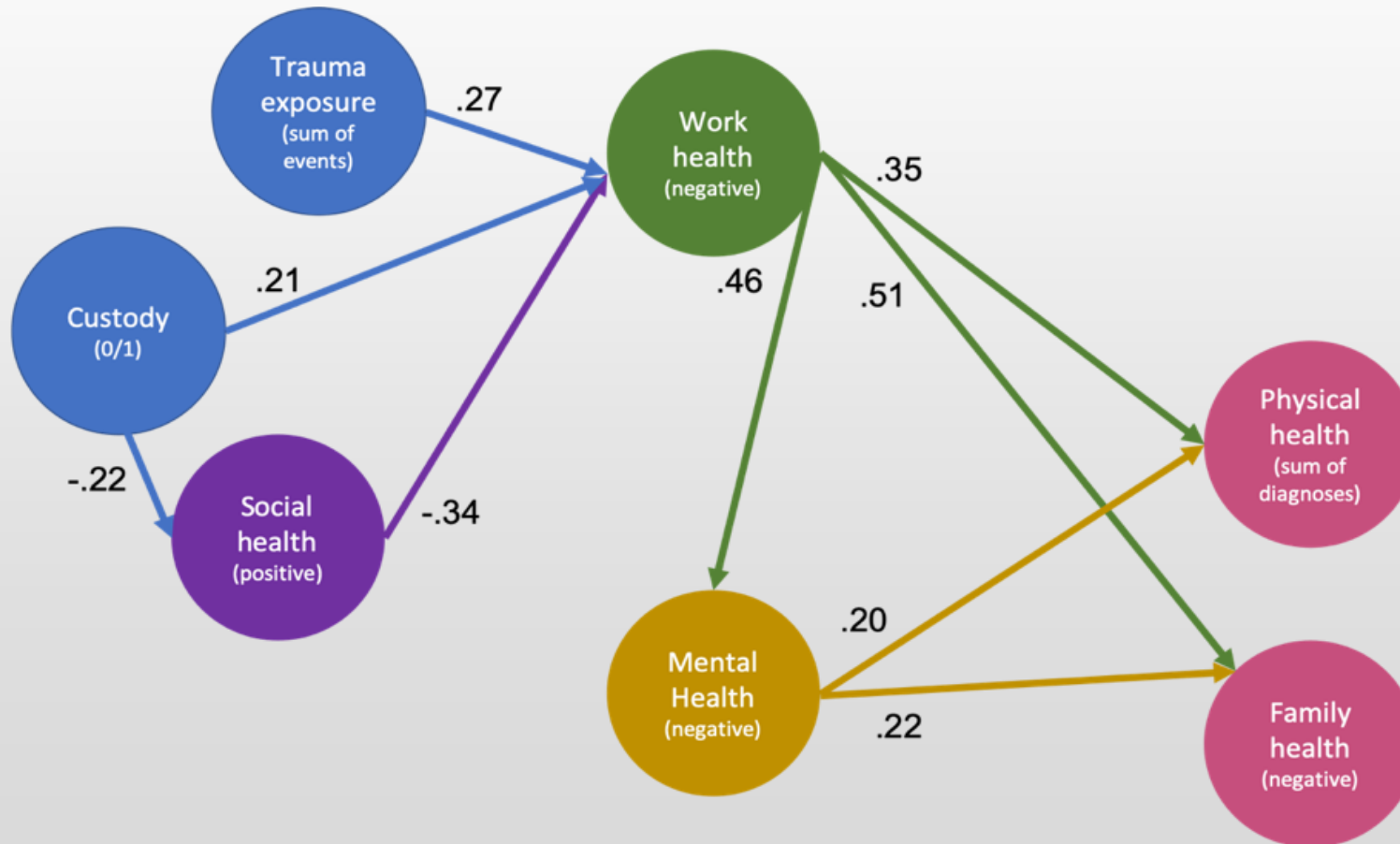
Most Important Outcome Variables

1. **Work Health**

2. **Social Health**

What Do Staff's Comments Tell Us?

- Relationships with coworkers and supervisors characterized by mistrust, anger and fear

- Perceived punitive and retaliatory leadership styles

- Perceived "heavy handed" investigative and disciplinary practices of staff that produce anxiety and fear

- Progressively increasing loss of employment benefits = loss of incentives and loss of desire to work at MDOC

- Perception of not being valued by the State of Michigan or MDOC

- Mandatory overtime = exhaustion, sleep deprivation and family life disruption

- Prison closures = family life disruption

What Do the Data Mean?
Actionable Conclusions and Recommendations

Mental Health Difficulties

- There are serious levels of mental health difficulties among most MDOC Work Groups in comparison to national data for the general population, the military and first responders

Custody Staff Most Severely Affected and in Need of Most Help

- Of all Work Groups, custody staff at male facilities exhibited:

  - highest rates of mental health disorders
  - lower Social Health
  - lower Work Health

Quote

"There comes a point when we need to stop just pulling people out of the river.

We need to go upstream and find out why they're falling in."

~ Desmond Tutu

Work Health in Dire Need of Improvement

- **Work Health** (demoralization, physical and emotional exhaustion, and job dissatisfaction) was the **most influential Outcome variable,** strongly or <u>unusually strongly</u> impacting:

    ▪ <u>Mental Health</u>, <u>Family Health</u>, Physical Health

    ▪ *The best way to impact <u>Mental Health</u> is through the improvement of Work Health*

Social Health in Dire Need of Improvement

- **Work Health in turn was strongly impacted by Social Health**

- *The best way to impact Work Health is through the improvement of Social Health*

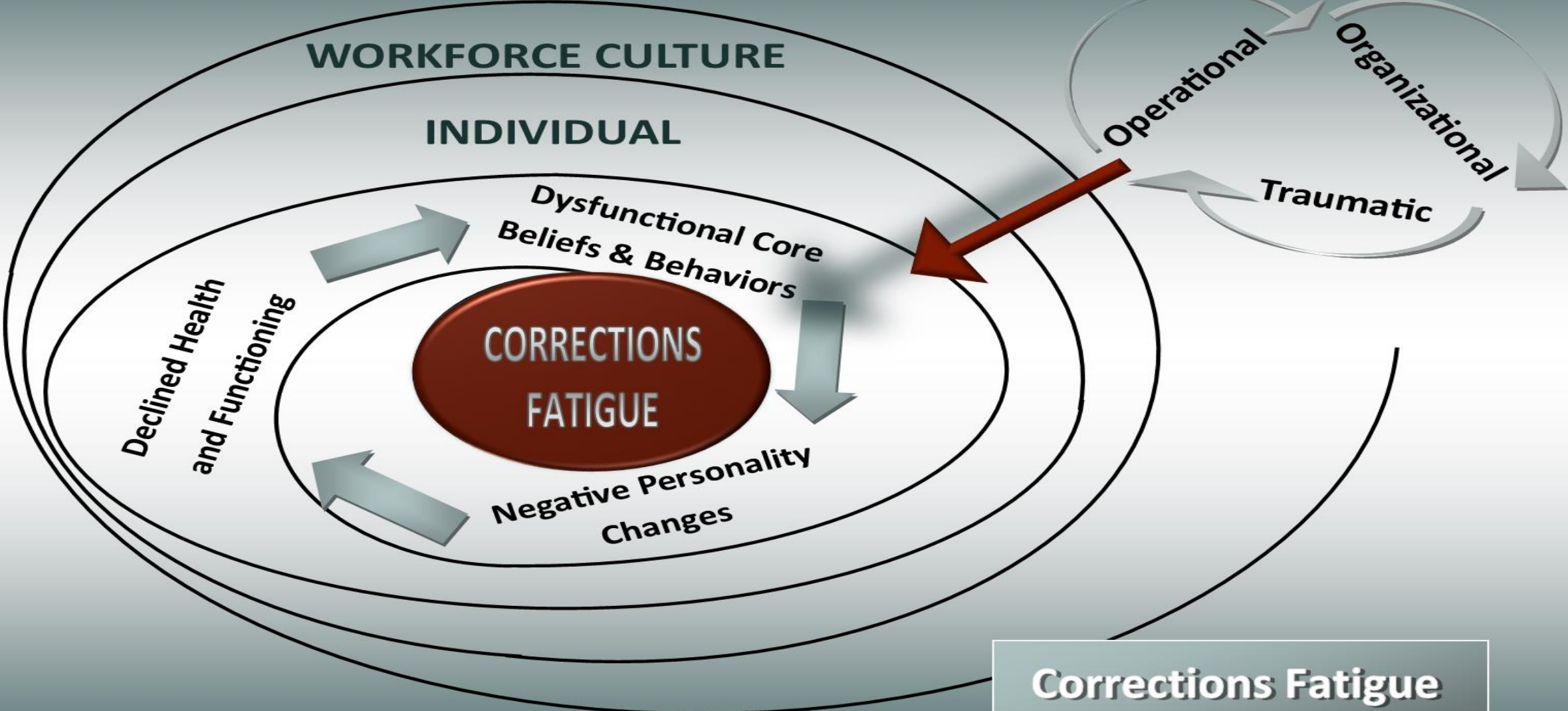- **Social Health: Quality of staff's professional relationships** with direct supervisors, coworkers and offenders

Psychological Trauma Does Not Happen in a Vacuum

- Lack of social support post-trauma increases risk of PTSD for combat veterans (Gates, Holowka, et al., 2012)

- High levels of work strain (organizational and administrative stressors) increase PTSD risk in firefighters (Corneil, Beaton, et al., 1999)

Psychological Trauma Does Not Happen in a Vacuum

- **High levels of work social support and family social support lower risk of PTSD in firefighters** (Corneil, Beaton, et al., 1999)

- **Positive leadership in military units (positive command climate) increases soldiers' resilience /resistance to the effects of trauma** (Meredith et al. 2011, RAND report)

Work Stressors

WORKFORCE CULTURE

INDIVIDUAL

Operational

Organizational

Traumatic

Dysfunctional Core
Beliefs & Behaviors

CORRECTIONS
FATIGUE

Declined Health
and Functioning

Negative Personality
Changes

Corrections Fatigue
Process Model, 2016

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System-wide Programming

- Programming designed to improve both **Work Health and Social Health** is an essential and vital starting point as MDOC to continues to pursue ways to increase employee well-being ([MDOC Strategic Plan 2019-2022](#)).

Research-supported Programming Strategies

- Specialized staff trainings and programs to include:
  - Leadership skills
  - Management skills
  - Interpersonal skills
  - Self-care/wellness skills

- Implementation of policies, employment benefits, incentives and resources that impact the workforce culture and increase staff work engagement

Research-supported Programming Strategies

- **Implementation of participatory methods that continually incorporate employee feedback**

- **Maintenance of long-term, system-wide staff wellness efforts**

Thank you.

Questions?