

UNDERSTANDING THE PUBLIC HEALTH WORKFORCE'S COVID-19 MENTAL HEALTH CHALLENGES



NATIONAL
COUNCIL
for Mental
Wellbeing

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HEALTHY MINDS
STRONG COMMUNITIES

Understanding the Public Health Workforce's COVID-19 Mental Health Challenges

The recently released Morbidity and Mortality Weekly Report (MMWR), [Symptoms of Depression, Anxiety, Post-traumatic Stress Disorder and Suicidal Ideation Among State, Tribal, Local and Territorial Public Health Workers During the COVID-19 Pandemic](#), and the [Public Health Workforce Interests and Needs Survey \(PH WINS\)](#) highlight the negative mental health consequences reported by the public health workforce as a result of the prolonged and ongoing COVID-19 pandemic, the public health response and the unprecedented vaccination campaign. In both surveys, more than 50% of respondents – over 70,000 state, tribal, local and territorial public health workers – reported at least two significant mental health symptoms in 2021.

There is a critical need to maintain the physical and mental health of the public health workforce and to grow the public health infrastructure and workforce throughout the pandemic. Both are paramount during the ongoing national vaccination campaign and to address additional health crises – from increased mental health challenges nationally, to the opioid epidemic, to the increase in chronic conditions due to preventive screening and care delays that have emerged as a result of the pandemic. Addressing the significant mental health challenges reported in these recent surveys and subsequent publications remains crucial to preventing high turnover, lower productivity, chronic absenteeism and low morale among state, tribal, local and territorial public health workers.

The National Council for Mental Wellbeing created this graphic essay to increase understanding of the MMWR and PH WINS conclusion that “implementing prevention and control practices that eliminate, reduce and manage factors that cause or contribute to public health workers’ adverse mental health status might improve mental health outcomes during this and other public health emergencies,” and to facilitate understanding of:

- The ongoing mental health challenges currently faced by public health workers as highlighted in the MMWR and PH WINS surveys.
- The mental health challenges have been experienced by public health workers, as documented through a series of brief key informant interviews with public health workers across the country.
- Recommendations from workers on how to support public health leadership capacity to build departmental and jurisdictional supports around mental health challenges in the workforce.
- Recommendations from public health workers on current and future training needs.
- Additional reflections on how to support development of the public health workforce and human resource mechanisms to mitigate burnout and ensure ongoing staffing recruitment and retention for the next generation of public health workers.

The National Council for Mental Wellbeing developed this graphic essay with support from the Centers for Disease Control and Prevention (CDC) and the University of Michigan Region V Public Health Training Center (RVPHTC).

The project team would like to thank the key informants who generously devoted their time and expertise to inform this report at an incredibly challenging time during the COVID-19 pandemic.

The characters portrayed in this graphic essay are fictitious. No identification with actual persons (living or deceased) or locations is intended or should be inferred.

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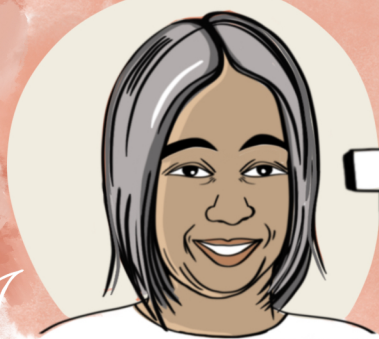




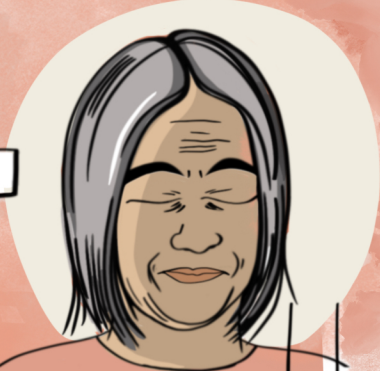
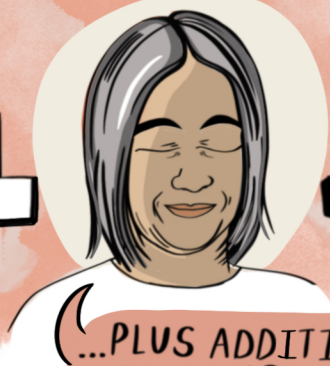
PUBLIC HEALTH WORKERS ARE THE FOUNDATION OF THE COVID-19 RESPONSE INFRASTRUCTURE ACROSS THE UNITED STATES

AND IT HAS TAKEN ITS TOLL.

PUBLIC HEALTH WORKERS HAVE BEEN SPREAD THIN THROUGHOUT THE PANDEMIC.



THEY HAVE HAD TO MAINTAIN THEIR CURRENT WORK.



...PLUS ADDITIONAL COVID-19 WORK DETAIL TO PROVIDE MUCH NEEDED SERVICES IN TESTING CENTERS, VACCINATION CLINICS AND MORE.





“...THIS HAS AFFECTED OUR PUBLIC HEALTH WORKFORCE IN SO MANY DIFFERENT WAYS. IN THE BEGINNING, I DON'T KNOW IF WE THOUGHT WE COULD STOP IT, BUT EVEN IF WE CAN'T STOP IT, I BELIEVED WE COULD MAKE IT MORE MANAGEABLE AND PROTECT PEOPLE. I HAVE WORKED ON HUNDREDS OF OUTBREAKS, AND I HAVE NEVER SEEN THIS BEFORE...”

“...NO MATTER WHAT WE DO IT SEEMS TO GET WORSE. WE HAVE NO CONTROL.”

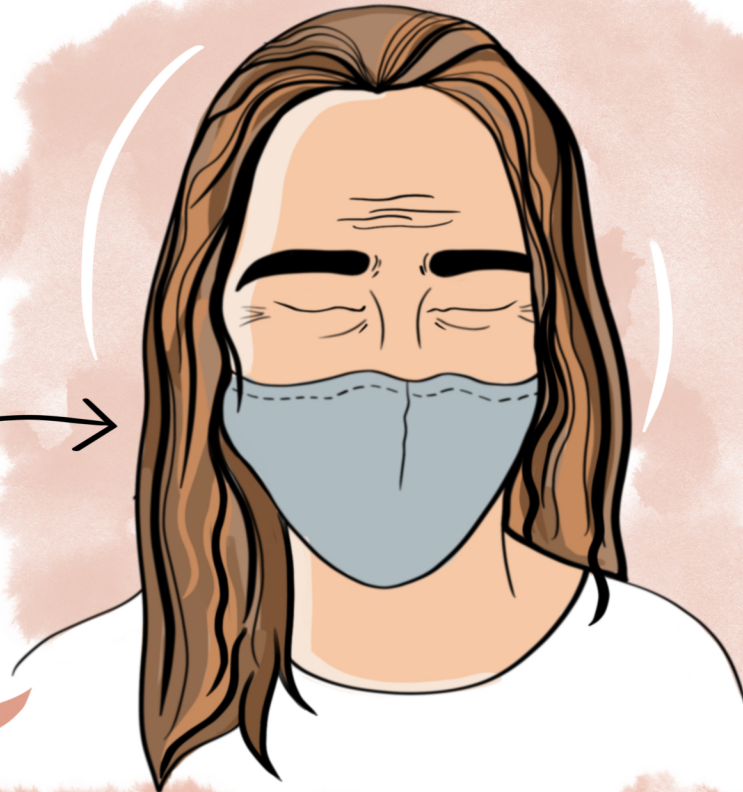
“IT'S SO DISHEARTENING. SOME DAYS WE JUST CAN'T DO IT - JUST CAN'T PUSH THROUGH... DON'T EVEN KNOW WHERE TO START...”



OVERALL MENTAL HEALTH CHALLENGES HAVE INCREASED ACROSS THE GENERAL POPULATION AND IN HEALTH CARE WORKERS SINCE THE BEGINNING OF THE COVID-19 PANDEMIC.



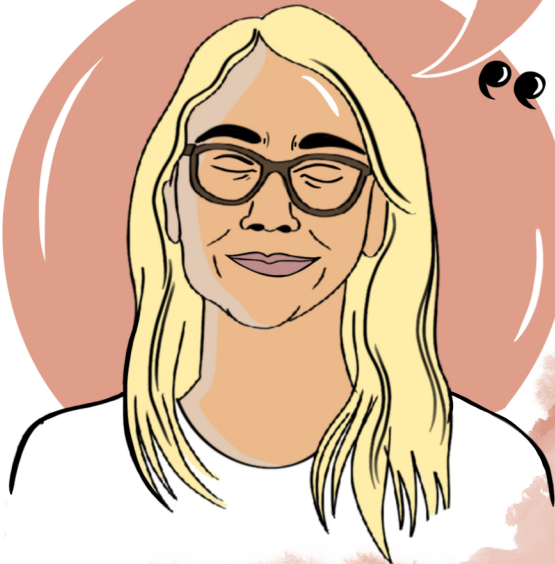
THIS HAS IMPACTED PUBLIC HEALTH WORKERS, TOO.



THEY FACE ADDITIONAL NEGATIVE MENTAL HEALTH RISKS DUE TO ONGOING PANDEMIC RESPONSE DEMANDS AND THEIR ROLE IN IMPLEMENTING AN UNPRECEDENTED NATIONAL VACCINATION CAMPAIGN.

“**THERE IS A
SHADOW
PANDEMIC,**

THE HUGE MENTAL HEALTH
TOLL OF COVID-19 ON PUBLIC
HEALTH PROFESSIONALS...”



“NOTHING HAS STOPPED
FOR US FOR TWO YEARS,

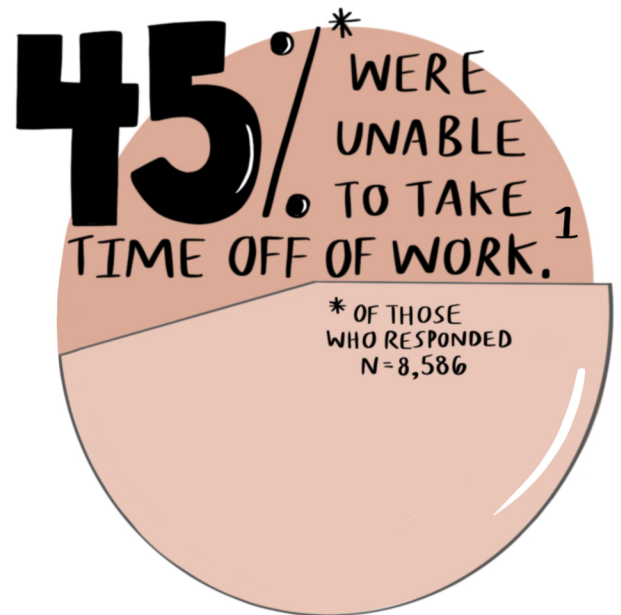
24-7 IT JUST
NEVER
STOPPED.

THIS HAS BEEN SO TOUGH
TO DEAL WITH—WAITING
EVERY DAY FOR THE OTHER

SHOE TO DROP, AND THEN
DROP EVERY DAY...”

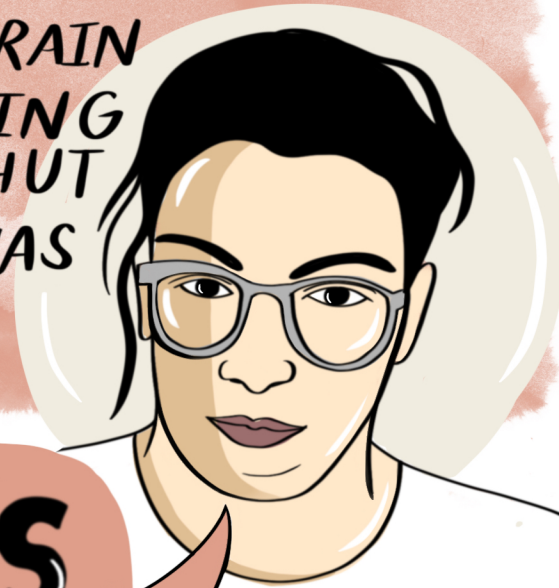
50 WOULD

PUBLIC HEALTH WORKERS REPORTED MORE ADVERSE MENTAL HEALTH SYMPTOMS IF THEY WERE UNABLE TO TAKE TIME OFF FROM WORK.¹



SEVERITY OF MENTAL HEALTH SYMPTOMS INCREASED WITH THE NUMBER OF HOURS WORKED AND TIME SPENT ON COVID-19 ACTIVITIES.

“MOST DAYS I AM COMATOSE AFTER WORK. I CAN ONLY LAY IN BED AND PLAY POKÉMON TO SHUT MY BRAIN OFF BECAUSE THERE IS NO TURNING OFF FROM COVID. YOU NEVER SHUT OFF! I WAS ZAPPED! MY BRAIN WAS MUSH. I TRIED THERAPY AND MEDICATIONS.”



**EVEN AS THINGS
NORMALIZED,
THEY WERE NOT
NORMAL!”**



“IT’S BEEN A WILD RIDE, I KNOW I NEED SUPPORT. THERE IS A WHOLE NEW SLEW OF THINGS TO NAVIGATE THAT NEVER EXISTED BEFORE. I AM **BURNED OUT.**”

**“ I DON’T FEEL SAFE
AT WORK.”**

BEFORE COVID-19,
INVISIBLE AS
WORKERS; NO

WE WERE
PUBLIC HEALTH
ONE CARED...

**NOW
FRONT**

**WE ARE
AND**

CENTER.”

“THERE IS SO MUCH
MISPLACED ANGER AGAINST
US. PEOPLE NEED SOMEONE
TO BE PISSED OFF AT - AND WE
ARE THE TARGET.”



“AT FIRST PEOPLE WERE COLLABORATIVE
AND OPEN TO INFORMATION.
THEN THEY BECAME MORE
HOSTILE, NOT WILLING
TO SHARE, SAYING THEY
KNEW THE RISKS.”



“THERE ARE
CONSTANT THREATS
AGAINST US NOW
EVERY DAY.”

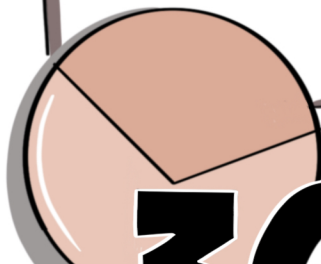
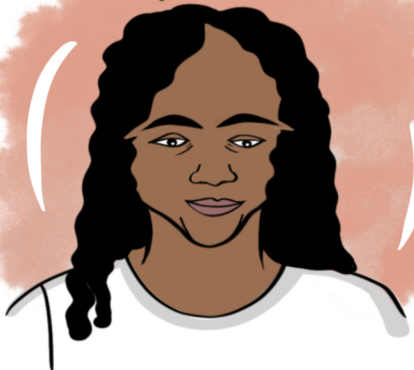


53%

OF PUBLIC HEALTH WORKERS
REPORTED SYMPTOMS
OF AT LEAST ONE MENTAL
HEALTH CONDITION IN
THE PRECEDING TWO WEEKS.¹



32%
REPORTED
DEPRESSION



36%
REPORTED
PTSD

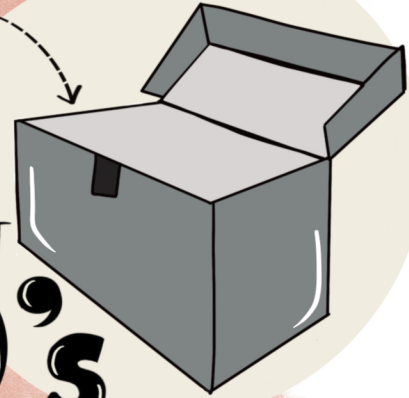


30%
REPORTED
ANXIETY





“ I OVERSEE A RURAL PUBLIC HEALTH DEPARTMENT SO I AM USED TO COMPETING PRIORITIES. I HAD **1/2** A TOOLBOX EVEN BEFORE COVID-19, AND IT’S GOTTEN EVEN WORSE...



I FEEL LIKE WE WENT BACK TO THE **1850’s**.

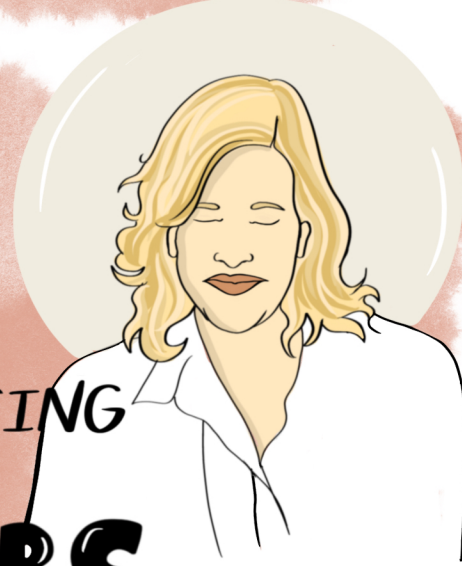
I’M EXPLAINING DISEASE AND EPIDEMIOLOGY BASICS AGAIN.

WE WENT FROM PUBLIC HEALTH

BEING ABOUT STRATEGY AND ADDRESSING BIGGER CHRONIC HEALTH ISSUES TO

PUTTING ON SCRUBS, HOLDING BRIEFINGS &

ONLY ADDRESSING **COVID-19.**”

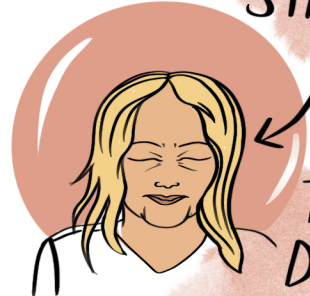


THE PREVALENCE OF SYMPTOMS OF ANXIETY AND DEPRESSION IS SIMILAR IN HEALTH CARE WORKERS AND PUBLIC HEALTH WORKERS. HOWEVER, PREVALENCE OF **PTSD** SYMPTOMS IN PUBLIC HEALTH WORKERS WAS

10%-20% HIGHER THAN IN FRONTLINE HEALTH CARE PERSONNEL AND THE GENERAL PUBLIC.¹



THEY EXPERIENCED WORK-RELATED TRAUMATIC STRESSORS.



THEY HAVE BEEN DISCONNECTED FROM FRIENDS AND FAMILY BECAUSE OF COVID-19-RELATED WORK AND HEAVY WORK LOADS.

TRAUMATIC WORK EXPERIENCES RELATED TO COVID-19 MIGHT ELEVATE RISK FOR



PTSD.¹



“THIS MUCH WORK,
AND THE TYPE OF
WORK... IT'S
TRAUMATIZING.”



“IT'S OVERWHELMING
AND TRAUMATIZING
TO ALWAYS FEEL LIKE
YOU HAVE TO GET AHEAD
OF SOMETHING THAT YOU
CANNOT GET AHEAD OF...”



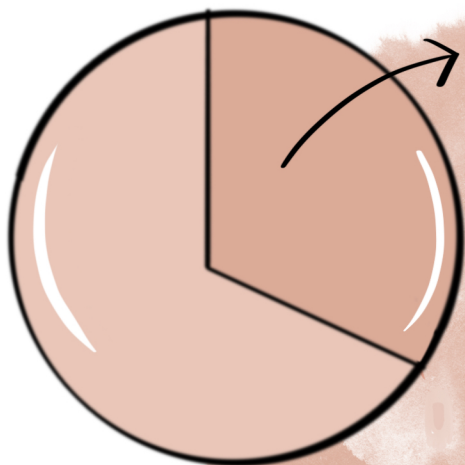
“I USED TO BE ABLE TO
SHOULDER THE BURDEN-
YOU KNOW-SOLDIER
THROUGH... BUT IT
HAS BEEN SO ISOLATING,
SOLITARY, AND THE
STRESS HAS BEEN

UNMANAGEABLE...”

“THE AMOUNT OF HOURS ON TIMESHEETS IS INSANITY. BALANCING OUR WORK WITH THE DEMANDS FROM WHAT THE STATE AND CDC EXPECTS OF US IS INSANITY... AND THEN THERE IS ALL THE NORMAL PUBLIC HEALTH THINGS LIKE STDs, RESTAURANT INSPECTIONS CHRONIC DISEASE PREVENTION, NORMAL PUBLIC HEALTH FUNCTIONS AND ROLES.”



“WE ARE NOW A WORKFORCE THAT HAS TO HANDLE COVID-19 ON TOP OF ALL THE THINGS WE DO NORMALLY, ON TOP OF THE PANDEMIC. IT'S NOT MANAGEABLE OR TENABLE.”



39%
OF PUBLIC HEALTH WORKERS WHO HAVE CONSIDERED LEAVING THEIR POSITION, SAID THE PANDEMIC MADE THEM MORE LIKELY TO LEAVE.²

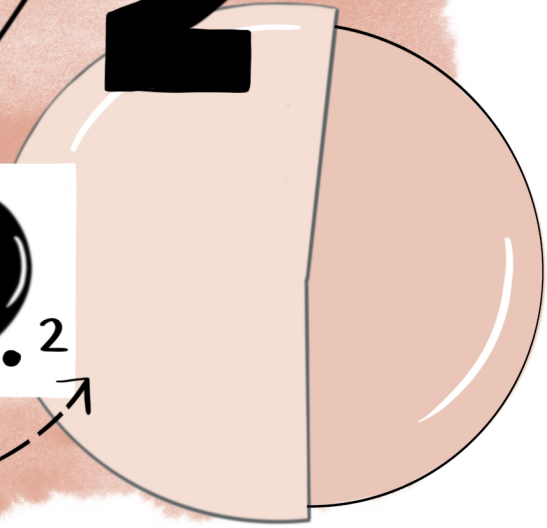


SIGNIFICANT WORK-RELATED STRESS AND BURNOUT HAS LED TO

MORE THAN 1/2

OF PUBLIC HEALTH WORKERS REPORTING AT LEAST ONE SYMPTOM OF

PTSD.²



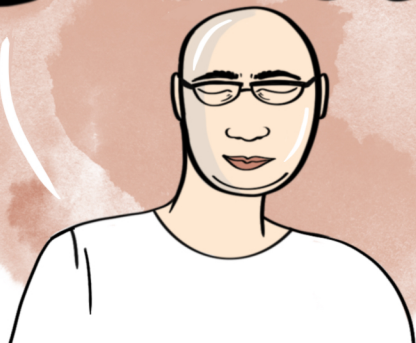
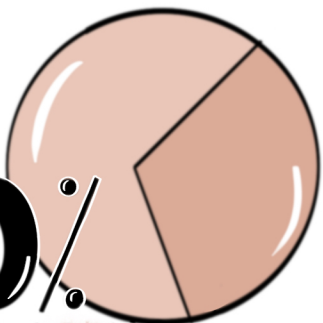
“IT’S SO DISHEARTENING. AND I AM SO OVERWHELMED BY IT ALL. I AM ANGRY AND FRUSTRATED ALL THE TIME. I DON’T LIKE PEOPLE ANY MORE, DON’T TRUST THEM. AND IT’S JUST NOT ME... IT’S SO SAD. THAT’S NOT ME ANYMORE. HOW DO YOU FIX IT???”

PUBLIC HEALTH WORKERS HAVE A STRONG COMMITMENT TO THEIR PROFESSION, WITH **94%** REPORTING THEIR WORK IS **IMPORTANT**. HOWEVER,

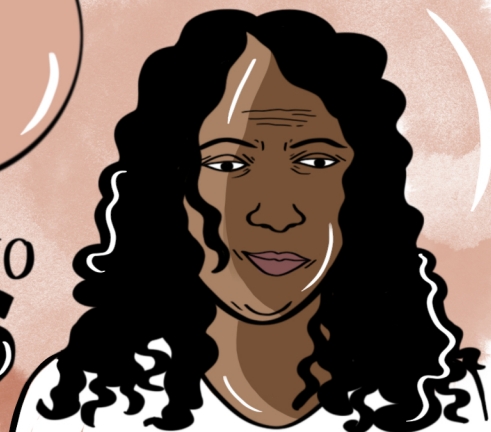
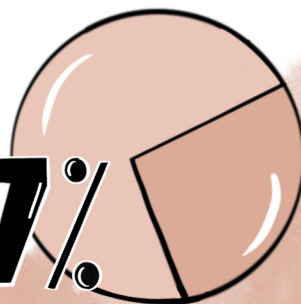
1/3

OF PUBLIC HEALTH WORKERS HAVE CONSIDERED LEAVING THEIR JOBS IN THE NEXT YEAR.²

OVER **40%** REPORT WANTING TO LEAVE OWING TO **BURN OUT**



37% REPORT WANTING TO LEAVE OWING TO **STRESS**





“WE HAVE LOST SO MANY PEOPLE-

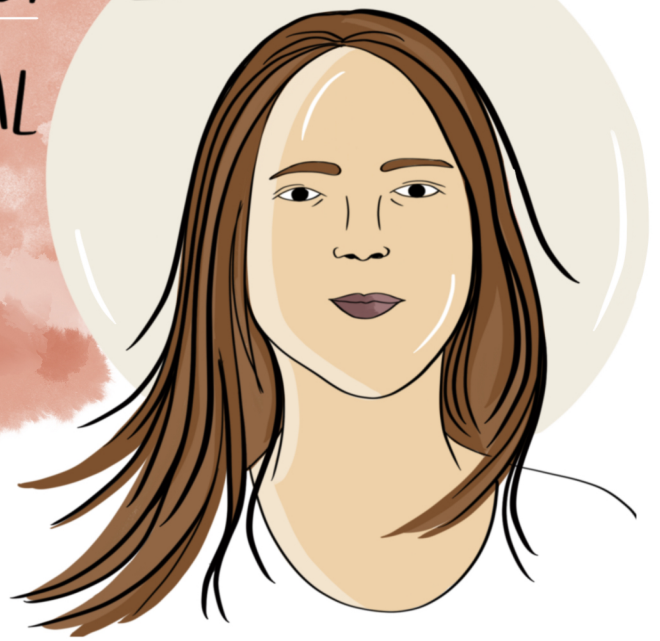
SAYING, I AM NOT DOING THIS. I AM GETTING THE HELL OUT OF HERE. WE HAVE LOST A LOT OF EXPERIENCE. WE LOST SO MUCH INSTITUTIONAL KNOWLEDGE- PEOPLE WITH TANGIBLE EXPERIENCE. WE ARE LOSING 60-YEAR-OLDS WHO WE COULD HAVE HAD FOR MORE YEARS TO TRAIN OTHER PEOPLE. PEOPLE ARE JUST NOT WANTING TO WORK **24-7** ANYMORE.”



“...I THINK, I CAN'T DO THIS FOR 30 MORE YEARS. I AM IN LEADERSHIP- I AM THE NEXT WAVE OF THE FUTURE OF PUBLIC HEALTH LEADERSHIP AND I CAN HONESTLY TELL YOU I WILL LEAVE THIS WORK AS SOON AS I CAN...”

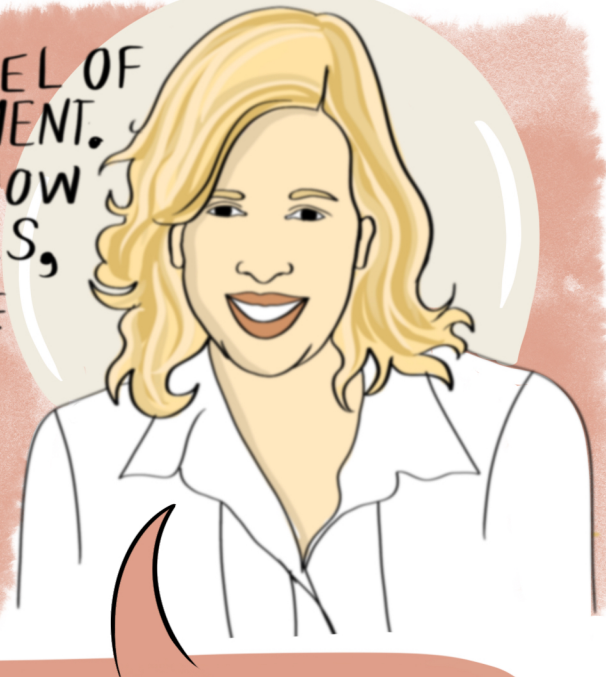
PUBLIC HEALTH WORKERS RECOMMENDED THE FOLLOWING PUBLIC HEALTH INFRASTRUCTURE AND TRAINING AREAS:

- BUILD MENTAL HEALTH SUPPORTS FOR THE PUBLIC HEALTH WORKFORCE.
- ASSESS CURRENT AND FUTURE TRAINING NEEDS OF THE PUBLIC HEALTH WORKFORCE.
- ADD ADDITIONAL PUBLIC HEALTH WORKFORCE SUPPORTS.



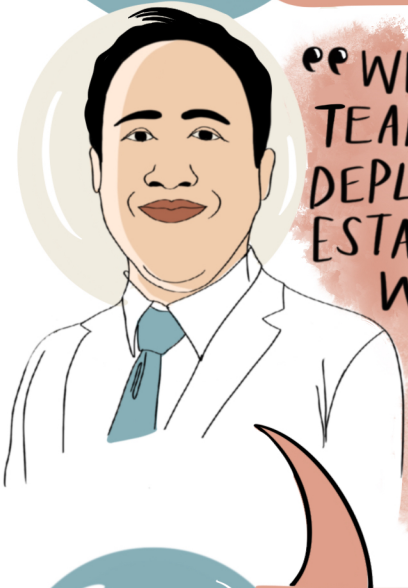
RECOMMENDATIONS:

“I WAS NOT PREPARED FOR THE LEVEL OF POLITICS AND POLITICAL ENGAGEMENT. EVERYTHING FROM NOT KNOWING HOW TO WORK WITH ELECTED OFFICIALS, TO THE OVERALL POLITICS OF THE PANDEMIC. I WASN'T READY TO BALANCE THE POLITICAL WITH SAFETY AND WELLBEING OF THE PUBLIC.”



1.

POLITICAL ENGAGEMENT TRAINING, ON “HOW TO SPEAK TO THE MEDIA.”



“WE HAVE TO TRAIN INCIDENT MANAGEMENT TEAMS—PREPARE THEM FOR LONG-TERM DEPLOYMENT AND CREATE SYSTEMS TO ESTABLISH CONTINUITY. PUBLIC HEALTH WORKERS HAVE BEEN REASSIGNED TO THIS, BUT FOR **2 YEARS...**

IT'S TOO LONG WITHOUT SUPPORT AND TRAINING.”

2.

FIRST RESPONDER TRAINING AND MORE EMERGENCY RESPONSE TRAINING FOR ALL PUBLIC HEALTH WORKERS IS NEEDED THAT ACCOUNTS FOR LONG-TERM ASSIGNMENTS.



“PUBLIC HEALTH WORKERS ARE FIRST RESPONDERS WITHOUT THE TRAINING. THIS LEADS TO TRAUMA AND PTSD. BEYOND JUST TRAINING WE HAVE NO DEBRIEF OR COUNSELING AFTER.”

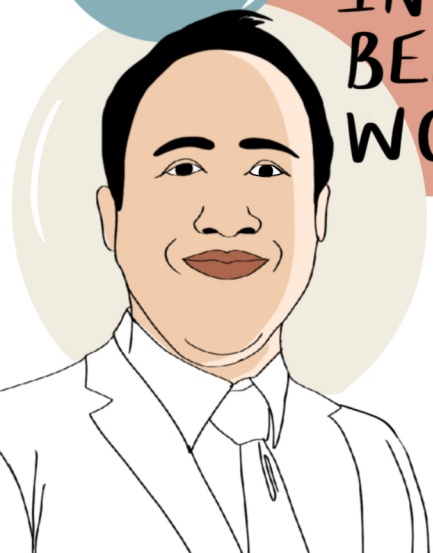
3.

DEVELOP AND PROVIDE ENHANCED POST-DEPLOYMENT / EMERGENCY RESPONSE ASSIGNMENT MENTAL HEALTH SUPPORTS, INCLUDING, BUT NOT LIMITED TO:

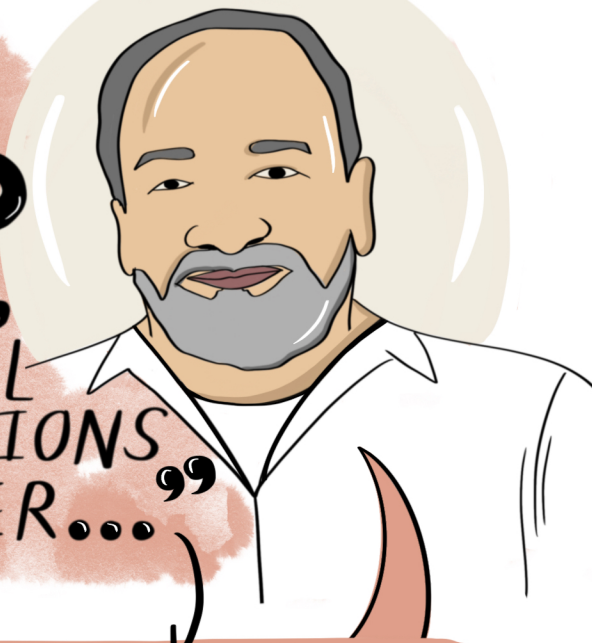
- INCIDENT/ASSIGNMENT DEBRIEFINGS.
- BRIEF COUNSELING SUPPORTS.
- NAVIGATION SUPPORT TO CONNECT TO LONGER-TERM THERAPEUTIC SERVICES.

4.

ENHANCED EMPLOYEE ASSISTANCE PROGRAM (EAP) BENEFITS AND INCREASED ADVERTISEMENT OF BENEFITS TO PUBLIC HEALTH WORKERS.

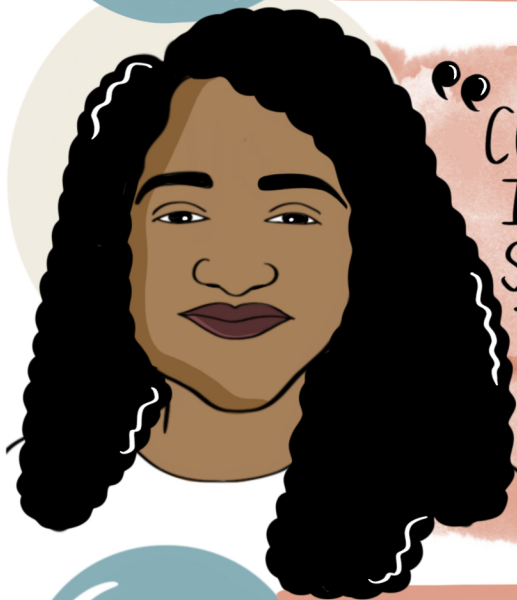


“ I NEED TO
BETTER UNDERSTAND
WHERE THE PUBLIC, PRIVATE,
CORPORATE AND POLITICAL
INTERSECT TO DRIVE DECISIONS
AS A PUBLIC HEALTH LEADER...”



5.

DEVELOP INTENTIONAL EXCHANGE
OPPORTUNITIES, PROGRAMS AND
LEARNING EXCHANGES BETWEEN
HEALTH DEPARTMENTS.



“ CONNECTING WITH A VILLAGE IS SO
IMPORTANT—YOU FEEL SO ALONE
SOMETIMES. IT’S SO IMPORTANT
TO CONNECT TO OTHER PUBLIC
HEALTH DEPARTMENTS TO KNOW
YOU ARE NOT ALONE.”

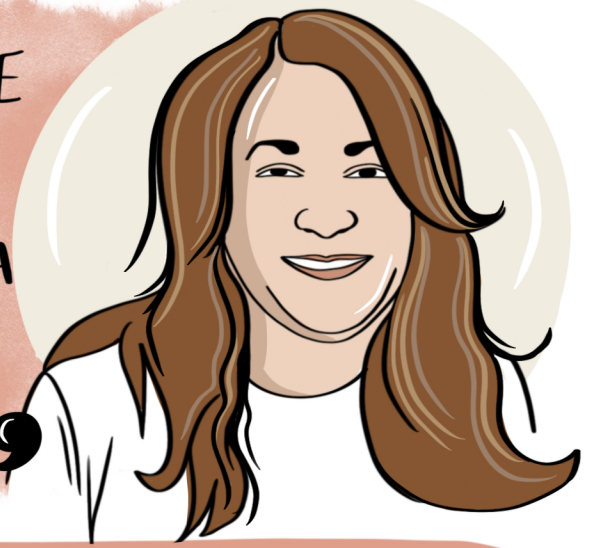
6.

IMPROVE LOCAL, STATE AND FEDERAL
INTER-GOVERNMENTAL COMMUNICATION
MECHANISMS AND PROCEDURES.

“ OTHERWISE WE LOSE THE
PUBLIC’S TRUST...”

“...OUR CREDIBILITY
IS AT STAKE...”

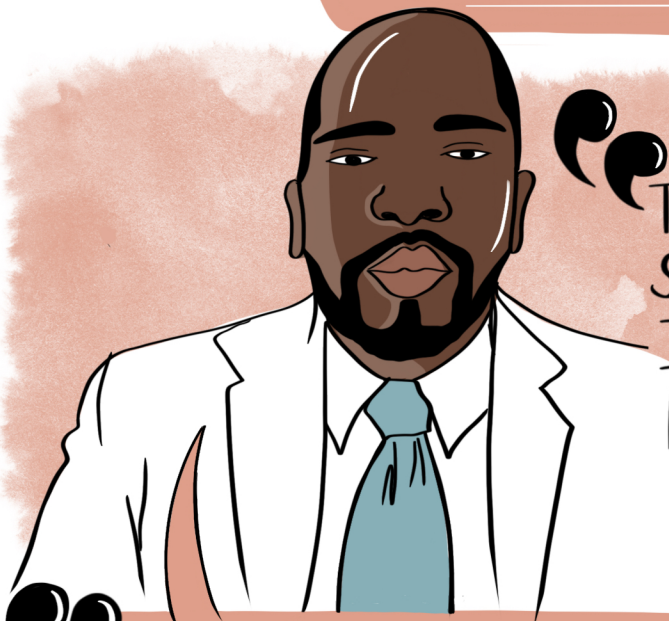
“...PUBLIC HEALTH WORKERS HAVE NOT BEEN PAID OVERTIME... IN SOME CASES THEY HAVE WORKED **1,000** EXTRA HOURS. SALARIED WORKERS GET EVEN LESS SUPPORT...”



7.

INCREASE FINANCIAL INCENTIVES TO PUBLIC HEALTH WORKERS THROUGH:

- INCREASED SALARIES.
- DEVELOP HAZARD PAY INCENTIVES.
- PROVIDE OVERTIME COVERAGE, EVEN FOR SALARIED EMPLOYEES WHILE ON SPECIAL ASSIGNMENTS OR DEPLOYED.
- DEVELOP STRONG LOAN FORGIVENESS PATHWAYS AND PROGRAMS.



“THERE ARE TIMES I DIDN'T EVEN SEE MY FAMILY, AND THEN WAS ISOLATED FROM THEM, TOO. HAZARD PAY DOESN'T EVEN COVER THAT...”

“I WOULD LOVE TO HEAR MORE THANKS FOR PUBLIC HEALTH WORKERS OVERALL - FOR SOMEONE TO SAY - THANKS TO YOUR LOCAL HEALTH DEPARTMENT YOU ARE SAFER TODAY.”

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1. Bryant-Geneviev, J., Rao C. Y., Lopes-Cardozo, B., et al. (2021, March-April). Symptoms of Depression, Anxiety, Post-traumatic Stress Disorder and Suicidal Ideation Among State, Tribal, Local and Territorial Public Health Workers During the COVID-19 Pandemic — United States. *MMWR Morb Mortal Wkly Rep* 2021;70:947–952. DOI: <http://dx.doi.org/10.15585/mmwr.mm7026e1>external icon.
2. de Beaumont Foundation. (2021). Rising Stress and Burnout in Public Health. *Public Health Workforce Interest and Needs Survey*: Association of State and Territorial Health Officials.

