

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

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June 2022



HEALTHY MINDS
STRONG COMMUNITIES

June 13, 2022
1:00-2:00pm

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Public Health Training Center.



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Housekeeping

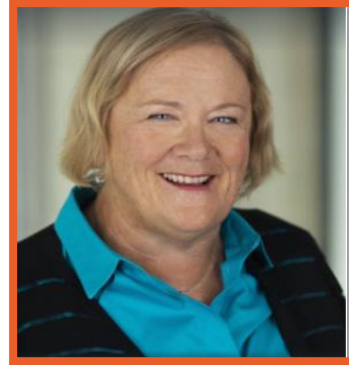
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Today's Presenters



Seidale Shipman
Project Manager,
Practice Improvement
& Consulting, National
Council for Mental
Wellbeing



Joan King
Consultant, Practice
Improvement &
Consulting, National
Council for Mental
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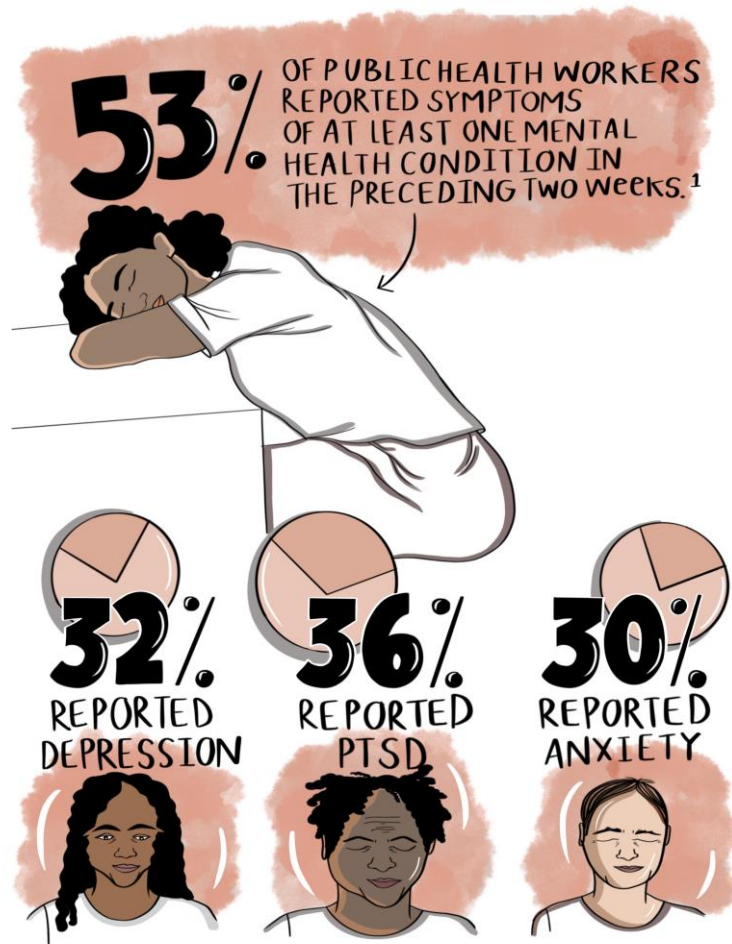
Learning Objectives

After attending this webinar, participants will be able to...

1. Recognize the ongoing mental health challenges faced by current public health workers as highlighted in the Morbidity and Mortality Weekly Report (MMWR) and Public Health Wins (PH Wins) surveys.
2. Describe best practices and recommendations for a more sustainable public health infrastructure, including how to support public health leadership capacity and current public health professional training needs.
3. Identify two practices to increase personal and/or team wellness.

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Public Health Workforce



Mental health challenges caused by:

- Pandemic & its consequences
- Opioid epidemic
- Increase in chronic conditions

Resulting in...

- High Turnover
- Chronic Absenteeism
- Lower Productivity
- Low Morale

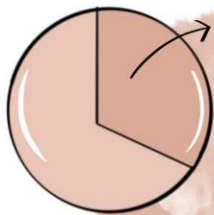
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Public Health Challenges

“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 ALL THE NORMAL PUBLIC HEALTH THING STDs, RESTAURANT INSPECTIONS, CHRONIC DISEASE PREVENTION, NORMAL PUBLIC HEALTH FUNCTIONS AND ROLES.”



“WE ARE NOW ALSO 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



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.

MORE THAN **40%** REPORTED* WORKING MORE THAN **60** HOURS PER WEEK.¹


2021

* OF THOSE WHO RESPONDED IN RESPONSE TO HOURS WORKED IN 2 PREVIOUS WEEKS. N=3,018


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Key Informant Interviews



"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."



"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 U.S. 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."



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**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.



Key Findings

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Recommendations

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” TRAINING.



“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 DE-BRIEF 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.
- CONNECTION TO AND 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.



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Recommendations

“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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Recommendations

- Political engagement training, on “how to speak to the media”.
- First responder training and more emergency response training for all public health workers is needed that accounts for long-term assignments.
- 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.
- Enhanced employee assistance program (EAP) benefits and increased advertisement of benefits to public health workers.
- Develop intentional exchange opportunities, programs and learning exchanges between health departments.
- Improve local, state and federal intergovernmental communication mechanisms and procedures.
- 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.

Living in a liminal time: finding our way and avoiding/healing burnout

Joan Kenerson King RN, MSN

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Our conversation:

- Recognize and honor what has happened to you.
- Connect to the process of re-discovery, living in self compassion and grace.
- Develop simple but committed rituals and practices of self care that work for you.



My disclaimer:

- I am on this journey with you.
- There is no one size fits all, need an expanded toolbox of ideas and skills.
- Take what works for you right now.
- No judgment/blame or criticism.
- We are all forging new paths and new ground.



Living in a Liminal Time

Description: The word liminal is defined as “occupying a position at, or on both sides of, a boundary or threshold”.

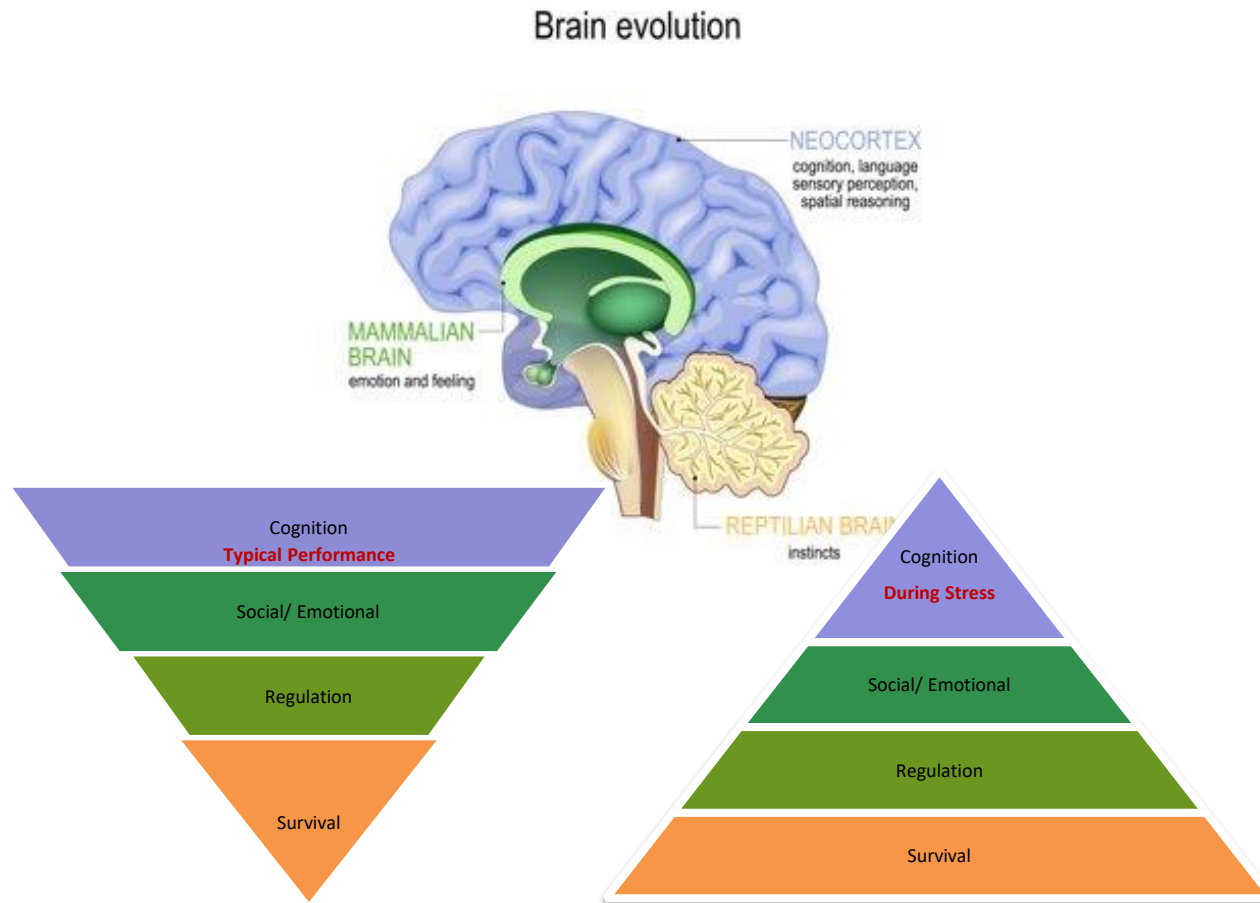
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Where we've been – how it began



Impact of Stress on Brain Energy



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Moral Injury

Shay definition: Moral Injury is 1) the violation of what is right by 2) someone in authority 3) in a high stakes situation. This kind of moral injury correlates to betrayal and rage and to higher rates of co-morbidity with PTSD (Jordan, 2017).

Brock Definition: Moral injury is a response to trauma when a person or group's existing core moral foundations are unable to justify, process, and integrate trauma into a reliable identity and meaning system that sustains relationships and human flourishing. It results from:

- A. Being betrayed by people and/or institutions that should have been trusted to be moral and do the right thing;
- B. Committing, witnessing, imagining, or failing to prevent acts or events that can be judged as harmful or evil and that violate foundational social and ethical rules;
- C. Being involved in events or contexts where violations of taboos or acts of harm leave one feeling contaminated by evil or "dirty;" or
- D. Surviving conditions of degradation, oppression, and extremity.

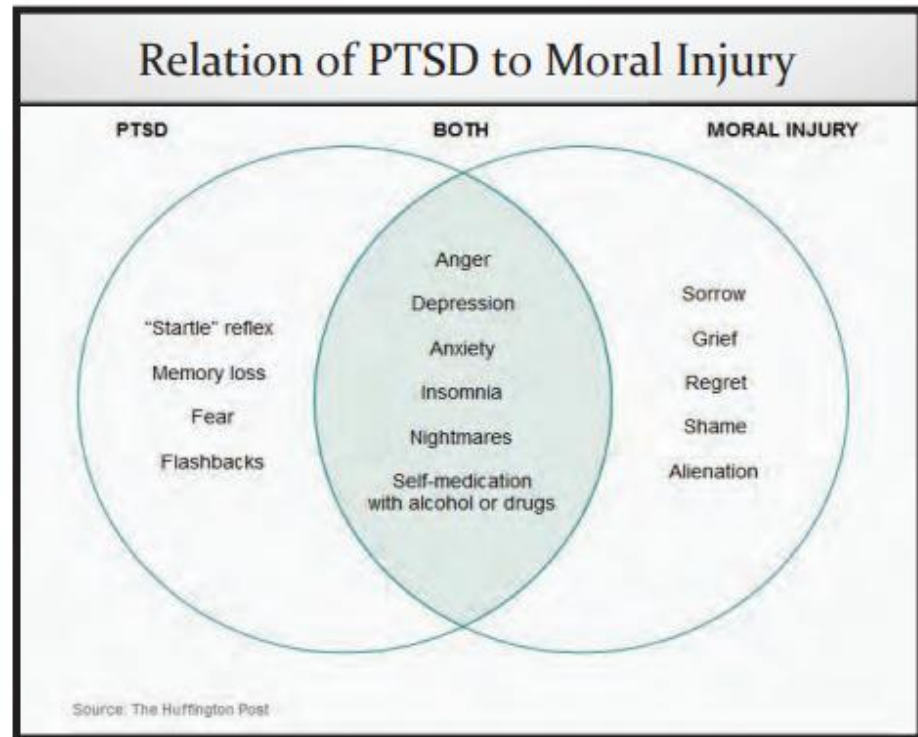
https://www.voa.org/moral-injury-center/pdf_files/moral-injury-identity-and-meaning

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Some Moral Emotions

- Guilt
- Shame
- Embarrassment
- Alienation
- Sorrow
- Remorse
- Outrage/Anger
- Disgust
- Contempt
- Revenge



The above diagram created by William Nash, M.D., USN ret., Greater Los Angeles VA

https://www.voa.org/moral-injury-center/pdf_files/moral-injury-identity-and-meaning



Moral Safety

- The never-ending quest for understanding how organizations function in the healing process
- An attempt to reduce the **hypocrisy** that is present, both **explicitly and implicitly**
- A morally safe environment struggles with the issues of **honesty and integrity**

-Bloom, 2013



Living in a Liminal Time

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Paradigm Shift Change on Purpose



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Recognize Our Humanity: offering self compassion

- There is no “going back”.
- You are a different person than you were three years ago.
- Discovering this person takes time—trial and error.
- What are your non-negotiables?
- What your gifts/pearls of great price?
- Offering yourself grace and self compassion—how would you treat someone else?

The “Don’t Forget To Do’s” for Psychological Safety



Know what to expect of yourself. You may experience a variety of emotions after returning to work, which is normal.



Continue to take care of yourself.



Take care of your children and your family.



Seek help if you need to. If your feelings are too much to bear, seeking help is a sign of strength, not weakness.



Mental health problems—in general and in response to a major event such as the pandemic—are common, real, diagnosable and treatable.



Self care principles

- Keep it SIMPLE!!
- Keep it accessible!!!
- What works for you, what fits your life!!!
- Consider daily, weekly and sometimes ideas.
- Notice what helps...

16 Simple Ways to Relieve Stress and Anxiety

Exercise

Consider
supplements

Light a candle

Visit bodies of
water

Write it down

Get outside in
whatever nature
you can get to

Drink water

STRESS

Learn to say no

Take a yoga class
on line

Practice
mindfulness

Cuddle

Listen to music
that makes you
feel good!

Deep breathing

Spend time with
your pet

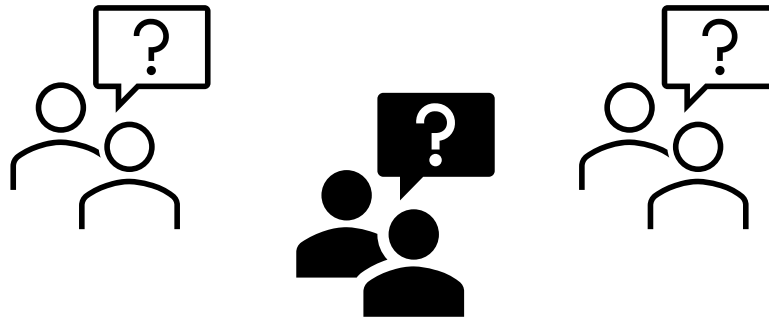
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Thank you.....



Q&A



Evaluation



<https://www.surveymonkey.com/r/publichealthworkforce>



Thank you!

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