

Inside COVID-19's overlooked toll on the public health workforce

AUG 2, 2021

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Public health workers may not be treating COVID-19 patients in clinics and hospitals, but many have shared the same mental health trauma symptoms as front-line clinicians: depression, anxiety, post-traumatic stress disorder (PTSD). Some even had thoughts of suicide.

Carol Rao, ScD, an epidemiologist for the Centers for Disease Control and Prevention (CDC) COVID-19 Emergency Response in Atlanta discussed the findings of an agency study during an episode of the "AMA COVID-19 Update." She said public health workers shared the same stress and reaction as physicians, nurses and other health professionals in emergency departments, intensive care units, on hospital floors and in exam rooms—but the results of that stress have not been reported until recently.

"These are the public health workers at your state, territorial, tribal and local health departments. These are the people that would be the ones that count and tabulate the number of COVID-19 cases in your communities, develop guidance, advantageous strategies for your communities, investigate clusters of cases and implement an unprecedented vaccination campaign for this pandemic," Rao said.

The survey was open for three weeks, between March and April, and 26,000 public health workers participated. That's about 10% of the population of this workforce population in the United States, she said.

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Depression, anxiety and PTSD

Overall, 53% of respondents reported symptoms of at least one adverse mental health condition in

the preceding two weeks. The prevalence of symptoms of depression, anxiety, PTSD, and suicidal ideation were 32%, 30.3%, 36.8% and 8.4%, respectively. The results were reported in the CDC's *Morbidity and Mortality Weekly Report*.

The most affected were people younger than 30, those who are transgender or nonbinary, or are multiracial. And PTSD was about 10% to 20% higher among these public health workers compared with the general population and with front-line and essential health care workers.

Public health workers also reported social stress related to their positions.

“What we found was that 12% reported receiving job-related threats because of their work, and that a quarter reported feeling bullied, threatened or harassed because of their work. A quarter also experienced stigma and discrimination because of their work,” Rao said. “And I think that these numbers are very unusual for any work population.”

Public health workers also experienced some of the traditional stress that comes from crisis work—inability to take off time from work when needed, and concern about coverage if they did. It wasn't just a management issue, but also a personal concern about not being there when the moment demanded, Rao reported.

Guilt about time away amid pandemic

“They were worried about falling behind on their work. And more than 50% said that they felt guilty about taking time off from work. And about 18% said that their employer did not allow them to take time off from work because there was so much to do,” Rao said.

Public health agencies can take some steps to remedy the worker stress and its effects based on the study, she said. They can expand their staff, develop more flexible work schedules and encourage workers to take regular breaks. Also, agencies can increase access to employee-assistance programs and try to destigmatize asking for mental health assistance.

But a good first step is a change in public attitude, she said.

“In addition to workplace support, I would encourage that public health workers be regarded as essential and front-line workers that they are, and they are assisted by their communities and by their health care providers,” Rao said.

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