Public health workers responding to COVID have higher PTSD

Public health workers who spent more time on COVID-19 response activities were more likely to report mental health symptoms, including post-traumatic stress disorder (PTSD), according to a new report from the Centers for Disease Control and Prevention (CDC).

CDC’s Morbidity and Mortality Weekly Report, “Symptoms of Mental Health Conditions and Suicidal Ideation Among State, Tribal, Local, and Territorial Public Health Workers—United States, March 14-25, 2022,” published July 22. The authors noted that prolonged exposure to occupational stressors can lead to adverse mental health conditions and has been linked with high health care worker turnover during the COVID-19 pandemic.

A previous survey taken between March and April, 2021, of state, tribal, local, and territorial (STLT) public health workers found that 52.8% of respondents experienced symptoms of at least one of the following mental health conditions: depression, anxiety, suicidal ideation, or PTSD; however, more recent estimates of mental health symptoms among this population are limited. (see “CDC examines MH impact on public health workers amid COVID,” MHW, July 12, 2021; https://doi.org/10.1002/mhw.32867).

“Over the last two years, multiple news outlets have reported on the impact of the COVID-19 pandemic on public health workers, documenting their feelings of heightened stress, anxiety, and hopelessness,” Ahoua Koné, M.P.H., lead author and behavioral scientist, Humanitarian Health Team, Emergency Response & Recovery Branch, Center for Global Health, at the CDC.

Koné added, “In 2021, we conducted a survey to understand the impact of COVID-19 on public health workers’ mental health. In 2022, we wanted to evaluate the trends of reported mental health conditions among respondents, from 52.8% in 2021 to 48% in 2022.”

Survey method

To evaluate trends in these conditions from the previous year, the prevalence of symptoms of mental health conditions and suicidal ideation, a convenience sample of STLT public health workers was surveyed during March 14-25, 2022. In total, 26,069 STLT public health workers responded to the survey.

Among respondents, 6,090 (27.7%) reported symptoms of depression, 6,467 (27.9%) anxiety, 6,324 (28.4%) PTSD, and 1,853 (8.1%) suicidal ideation. Although the prevalence of depression, anxiety, and PTSD among public health workers was lower among 2022 survey respondents compared with those of 2021 survey respondents, the preva-

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Ahoua Koné, M.P.H.

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COVID-19 pandemic, which have gradually decreased, said Koné. “The decline in overall prevalence of mental health symptoms is in line with those other studies,” she said. “However, 48% of respondents reported at least one symptom of a mental health condition, which is still quite high. Overall, our results show that U.S. public health workers are facing long-term stress and exhaustion. Public health organizations can support them by making supportive organizational changes and facilitating access to mental health resources and support services.”

**Implications**

To support the mental health of public health workers, public health agencies can modify work-related factors, including making organizational changes for emergency responses and facilitating access to mental health resources and services, researchers stated.

“It is critical for public health agencies to invest in and develop their STLT public health workforce to address mental health, including symptoms of depression, anxiety, PTSD, and suicidal ideation. Public health agencies can modify work schedules, make organizational changes, and provide additional mental health services to support department staff to address and prevent these adverse outcomes.

“We want to note that, although validated instruments were used to score respondents’ mental health symptoms, the scores we reported do not confirm a clinical diagnosis of a mental health disorder,” Koné said.

Numerous studies documented an initial increase in adverse mental health outcomes in the general population at the onset of the COVID-19 pandemic, which have gradually decreased, she noted. “The decline in overall prevalence of mental health symptoms is in line with those other studies,” said Koné.

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and management at the Harvard T.H. Chan School of Public Health and lead author of the study, told MHW. “Mental illness complicates the treatment of other illnesses. There seems to be some savings in potentially avoidable care.”

Published in the August 2022 issue of Health Affairs, the study points out that it ultimately will be important to evaluate how the ACO model is affecting Medicare beneficiaries’ short- and long-term health outcomes.

**Details of study**

The study examined five-year results for Medicare fee-for-service beneficiaries who were enrolled in the Medicare Shared Savings Program, a value-based model that encourages groups of providers to form an ACO and offers patients coordinated care and investment in high-quality, efficient services. The research team examined mental health and medical claims for beneficiaries with schizophrenia and related disorders, bipolar disorder and major depression.

The primary outcomes were spending across various care settings such as acute-care and psychiatric hospitals, emergency departments, skilled nursing facilities and home health care.

The five-year period since the 2013 introduction of the Medicare Shared Savings Program saw substantial growth in the number of beneficiaries with SMI in ACO practices, from nearly 131,000 in year one to more than 318,000 in year five. After five years of the program, ACO participation was associated with a savings of $233 per person per year in total health care spending in the SMI population, the researchers reported. Nearly all of that savings, $227 per person per year, was attributed to reduced spending for medical conditions, with only $6 in savings per person per year attributed to spending for mental health conditions.

The researchers found that the medical savings were generated from reductions in inpatient care, physician fees, home health costs and skilled nursing facility payments. When they compared trends in utilization among SMI beneficiaries who were in ACOs with those who were not in ACOs, they found that ACOs were associated with a greater reduction in acute-care hospitalization and hospital emergency care.

“Our findings are consistent with other work that has shown that ACO incentives likely motivate physician practices to lower use by investing in specific strategies, including care transitions and care coordination programs, risk-stratification interventions, and chronic disease management programs,” Figueroa, who is also an assistant professor of medicine at Harvard Medical School, and colleagues wrote in the study paper.

The researchers pointed out that they were unable to evaluate any potential changes in spending related to substance use disorders (SUDs) because federal confidentiality regulations require information about SUD claims under Medicare to be redacted. When they conducted a sensitivity analysis excluding all

**‘ACOs don’t seem to change the treatment of mental health disorders themselves.’**

José F. Figueroa, M.D., M.P.H.