

Needs of Frontline Workers Workgroup Interim Report

March 1, 2021



**Office of
Mental Health**

Executive Summary

In accordance with Chapter 33 of the Laws of 2021, the New York State Office of Mental Health has prepared this interim report for the Governor, Speaker of the Assembly, and Temporary President of the Senate in relation to the immediate trauma-informed care needs of frontline workers (See Appendix A). This legislation requires the Commissioner to convene a workgroup on the need for frontline workers trauma-informed care and to provide a report.

The NYS Office of Mental Health (OMH) in partnership with the Mental Health Association in NYS (MHANYS) and the NYS Trauma-Informed Network convened the Frontline Workers workgroup, (FLW) which is co-chaired by Donna Bradbury, Associate Commissioner, OMH, and Glenn Liebman, CEO, MHANYS.

The objective of this workgroup is to meet the requirements outlined in the legislation that was signed by the Governor on February 16, 2021:

- Identify evidence-based tools to track the impact of COVID-19-associated collective trauma and the needs of frontline workers;
- Identify or develop training opportunities on how to support the mental health and wellness of their impacted employees for organizations that employ frontline workers;
- Identify evidenced-based trauma-informed support resources and learning opportunities for frontline workers;
- Identify or develop a mechanism to inform and refer impacted frontline workers experiencing symptoms associated with COVID-19 to behavioral health services and supports;
- Consult with any organization, government entity, agency, or person that the workgroup determines may be able to provide information and expertise on the development and implementation of trauma-informed care for frontline workers.

The Interim Report presents a framework to meet the above objectives and addresses the following areas: identification of impacted sectors, emerging needs, effective strategies, and initial recommendations to support healing and promote recovery.

The Interim report also provides some preliminary recommendations focused on raising public awareness to the impact of trauma, grief, and loss; promoting physical and psychological safety; and ensuring community and organizational preparedness and access to community-based care when needed.

The NYS Trauma-Informed Network and the Frontline Workers Workgroup will continue this work, and OMH will submit a final report by December 31, 2021. This report will include a summary of the services and supports that are available across the continuum of care and priorities to address gaps in the continuum. The report will also provide recommendations for training, evidence-based supports which can be deployed, and mechanisms to disseminate information and improve access to services.

Introduction

In accordance with Chapter 33 of the Laws of 2021, the New York State Office of Mental Health (OMH) has prepared this interim report for the Governor, Speaker of the Assembly, and Temporary President of the Senate in relation to the immediate trauma-informed care needs of frontline workers (See Appendix A). This legislation requires the Commissioner to convene a workgroup on the need for frontline workers trauma-informed care and to provide a report. The Office of Mental Health has partnered with the Mental Health Association in New York State (MHANYS) and expanded the New York State Trauma-Informed Network for this purpose.

The NYS Trauma-Informed Network is a growing resource connecting experts in the field of trauma-responsive practice across geographic regions and sector lines. Since its inception in 2018, this network has supported the goal of increasing trauma-informed practices across the state through the development of partnerships and improving access to resources and training.

On November 18th, 2020, 76 diverse participants who attended the Annual Meeting were asked to provide feedback on the risk and vulnerability to trauma that frontline workers face as a result of the COVID-19 pandemic. This input laid the groundwork for a dynamic workgroup, launched in January 2021, which is focused on the emerging needs of New York State's essential workforce. This workgroup has been charged with crafting recommendations for the purpose of informing New York State's policy makers about the impact of collective trauma on frontline workers, such that the State will be able to respond in a timely, efficient, and thorough manner and assure effective support is readily accessible for these workers during the current and future emergencies. To achieve this charge, the workgroup draws from experts in the fields of trauma-informed care, crisis response, and health equity and disaster recovery. By integrating these fields with early intervention and practice change, New York State is best positioned to support and maintain the health and well-being of these essential workers and thereby meet the intent of the legislation.

Needs of Frontline Workers Workgroup (FLW) Membership and Process

The FLW workgroup is co-chaired by Donna Bradbury, Associate Commissioner of the Office of Mental Health, and Glenn Liebman, CEO of the Mental Health Association in New York State. In addition to participants from State offices and local government units, its 33 members represent diverse fields in health, education, clinical care, and human services. All have proven commitment to implementing trauma-responsive practices and many identify as having lived experience with trauma or adversity. A full list of members and their professional affiliations can be found in the attached Member List.

The objective of this workgroup is to meet the requirements outlined in the legislation that was signed on February 16, 2021, which are as follows:

- Identify evidence-based tools to track the impact of COVID-19 associated collective trauma and the needs of frontline workers;
- Identify or develop training opportunities for organizations that employ frontline workers on how to support the mental health and wellness of their impacted employees;
- Identify evidenced-based, trauma-informed support resources and learning opportunities for frontline workers;

- Identify or develop a mechanism to inform and refer impacted frontline workers experiencing symptoms associated with COVID-19 to behavioral health services and supports;
- Consult with any organization, government entity, agency, or person that the workgroup determines may be able to provide information and expertise on the development and implementation of trauma-informed care for frontline workers.

Data to inform this preliminary report were gained through qualitative processes that allowed participants to contribute individual and collective content. Many members informed their contributions by soliciting input from additional staff, engaging professional memberships, and/or through professional networks. This feedback solidified the identification of impacted sectors, emerging needs, effective strategies, and initial recommendations to support healing and promote recovery. These data were compiled, distilled to priority focus areas, and grounded in the Substance Abuse Mental Health Services Association (SAMHSA) Principles of Trauma-Informed Care to inform the initial recommendations in this preliminary report.

Foundations

Understanding of adversity, chronic stress, and trauma has grown exponentially since the late 1990's when the landmark Adverse Childhood Experience (ACE) study was first published. The interplay of this immense body of literature with related fields of crisis response, health equity, perception of risk, and disaster recovery provides the opportunity to make meaningful projections to potential vulnerabilities while lighting the path of ameliorating actions that can be taken to reduce these risks. Core foundations include:

3 E's of Trauma:

- Event: An event or series of events must occur that directly or indirectly compromises an individual's perception of their safety and well-being.
- Experience: The individual responds with an experience of intense fear, helplessness, or horror.
- Effects: Internal and external strategies to cope with the stress of the event are overwhelmed. As the event is concluded, the long-term effects persist. An individual is unable to return to baseline and finds impairment without progress in one or more domains:
 - Physical
 - Cognitive
 - Emotional
 - Behavioral
 - Spiritual/Worldview

How Humans Perceive Risk

The literature around Perceptions of Risk tells us that individuals are more likely to be vulnerable to experiencing an event as a threat to their personal safety if the context of the threat meets any of these criteria:

- Unknown to the individual
- Unknown to science
- Higher risk of exposure

- Higher risk of lethality
- Fewer opportunities to control

This framework provides substantiation to what is felt anecdotally, the pandemic of the novel Coronavirus is a high-risk context. The virus was novel and so was unknown to all. There is a baseline level of stress and vulnerability due to transmission risk and unpredictable lethality. Risk of exposure, lethality and levels of control vary vastly across demographic groups, professional roles, and systemic disparity.

Disparity

Evidence of disparity in the impact of the pandemic was apparent early and has continued to grow. The prevalence and lethality of infection increased related to the following factors:

- Race and ethnicity
- Socio-economic status
- Age
- Marginalization
- Intersection of any combination of these factors

In addition, research during the pandemic highlights the pandemic's effect on parents and families including:

- Women exiting the workforce to ensure care of their children through the unprecedented movement towards remote or hybrid learning
- Increased stress for parents who are juggling care of their children with the demands of their jobs
- Increased concern for the mental wellness of their children as seen in the evidence of increased symptoms of depression and anxiety for children and youth

These effects are, in turn, potentiated by the stressors faced by parents who are also frontline workers.

The impact of these demographic and social inequities touch all aspects of response and recovery. New York State must address needs that stem from systemic forces that contribute to these inequities and concurrently be responsive to the demographics of the workforce that are largely representative of Black, Indigenous and People of Color (BIPOC) populations and those with lower socio-economic means.

Disaster Recovery Literature

COVID-19 is one of many disasters that have significantly impacted human experience. Review of response and recovery from these prior experiences provide insight on efficacy and direction of supportive interventions.

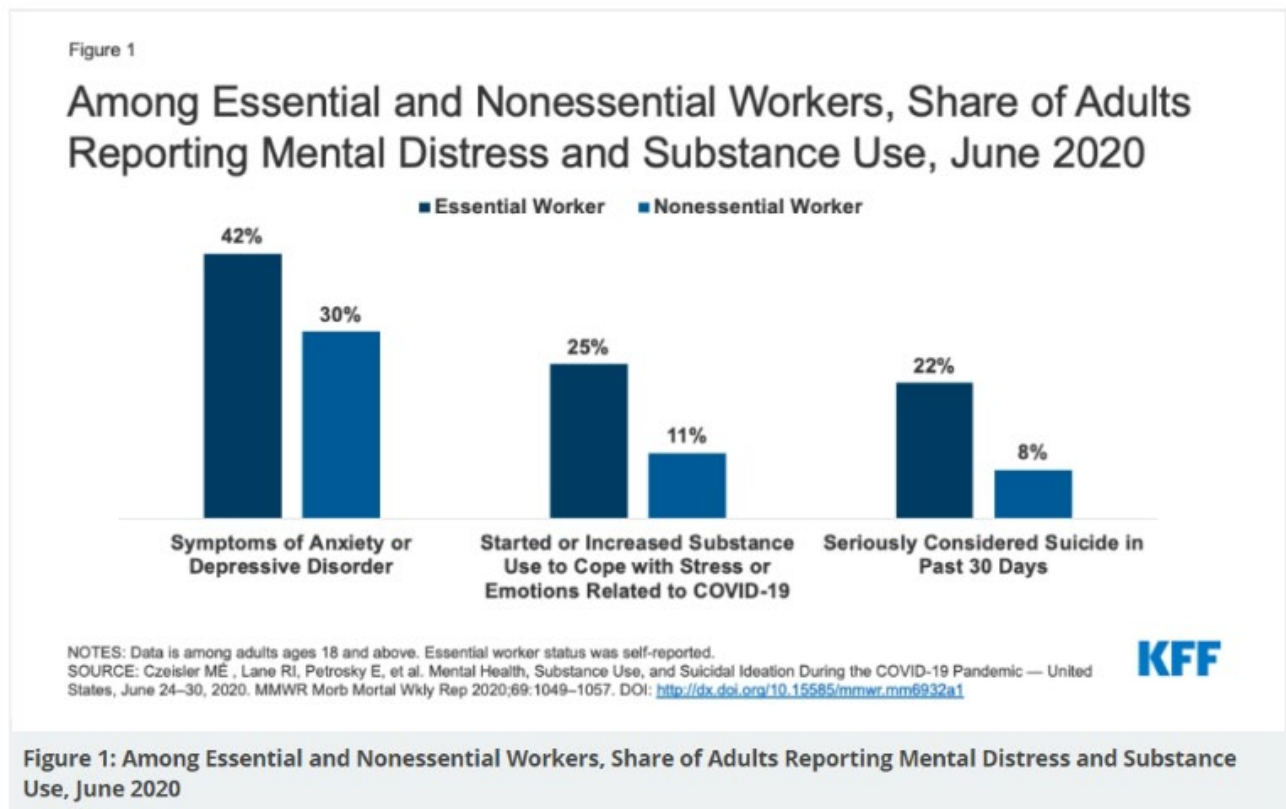
- Community cohesion is the single greatest asset in disaster recovery.
- 80% of individuals will return to baseline following even large-scale crises or disasters with natural coping strategies and support. Early, low-level interventions focused on normalization and improving coping increase and extend this likelihood.

By taking action in areas that promote community cohesion and natural coping, New York State increases collective resilience while lowering the risk for long-term traumatic effects for many. This framework allows for flexibility in equitably addressing the range of Experiences within the Event of the pandemic. These may range from those for whom personal or professional impact is minimal through those who have heightened direct impact and experience subsequent events that extend the risk of trauma (grief, loss of income, loss of insurance, home, etc.)

Frontline Workers

For the purposes of this work, frontline workers are defined as those who provide care, services, and supports that are critical to the safety, health, and wellbeing of the public. People engaged in this array of professions and trades contribute diverse but essential support to industry and community. Through the necessity of their roles and functions they experience heightened risk to their own safety, health, and wellbeing.

Examples may include but should not be limited to: Health Care, Congregate and Community-based Care, Mental Health Care, Addiction Services, First Responders, Transportation and Delivery Services, Education, Food Services, Custodial and Maintenance, Funeral Services, Public Service, and Manufacturing.



As discussed above, many of these professions see greater representation of individuals in demographic groups that are more vulnerable due to disparities and social inequities. It is noted that leadership at all levels within these organizations and sectors are included. Additionally, any staff in any role with their own history of trauma or adversity warrant increased attention.

Emerging Risk-Factors

In New York State and across the United States, the impact on sustained productivity within the context of an ongoing pandemic can already be observed. Factors that increase stress and vulnerability to trauma can be conceptualized in these categories:

Increased Stress

Experiencing grief and loss, managing uncertainty and risk, and coping with heightened levels of stress across personal and professional experiences are emerging needs shaping the experiences of essential workers. Stress is cumulative and repeated doses or persistent heightened stress activate our physiological Fight, Flight, Freeze response. The research on trauma and ACEs has well documented the negative impacts of sustained stress response on health and wellbeing. The risks can be ameliorated when protective factors are in place; however, early data demonstrate that the availability of adequate supports varies. For example, a screening of health care workers conducted by [Mental Health America in June-September 2020](#) shows that 39% of respondents did not feel as though they were receiving adequate emotional support. An additional 26% indicated that they were not sure if the level of support was adequate.

Concerns about Safety and Access to Resources

Establishing or re-establishing physical and psychological safety are two critical aspects of reducing risk for potential traumatic effects. The novel nature of COVID-19 created challenges for frontline workers such as obtaining adequate supplies of personal protective equipment, especially during the early weeks and months of the pandemic, and concerns with funding, staffing, and the safety of their work environments.

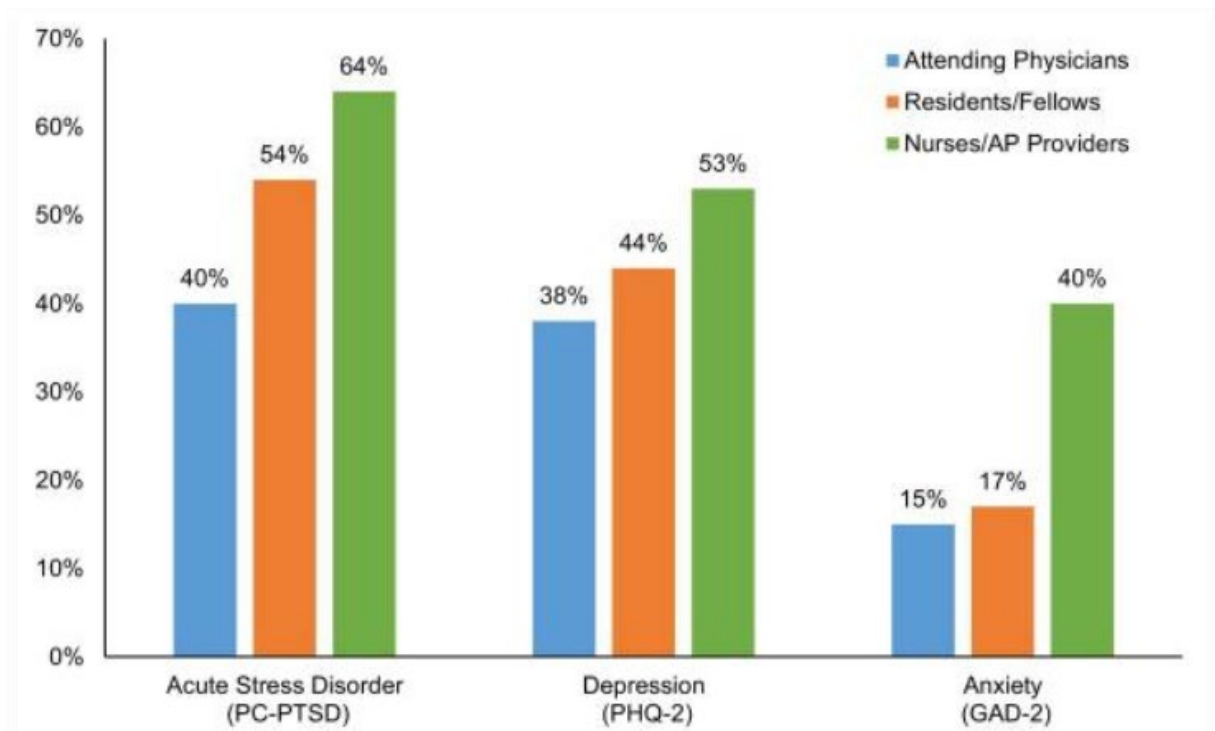


Fig. X [NYC Health Care Workers with Positive Mental Health Distress Screen by Clinical Role](#)

It is critical to have consistent access to resources to safely and effectively perform their roles in order to reduce the risk of trauma for frontline workers.

Challenges to Mental and Physical Health

Increased rates of fear, anxiety, and depression can be seen in self-reported and Employee Assistance Program (EAP) use that has increased by rates as high as 3000%. These are normal reactions to an abnormal event such as the current pandemic. However, they are compounded by inconsistent normalization of these reactions and attributes related to these unique events such as:

- Lack of control
- Isolation
- Risk to self and loved ones
- Increased workload
- High stakes
- Persistent and pervasive stress
- Perception that “you” are expendable
- Loss of clients, customers, persons in care, or colleagues related to COVID-19

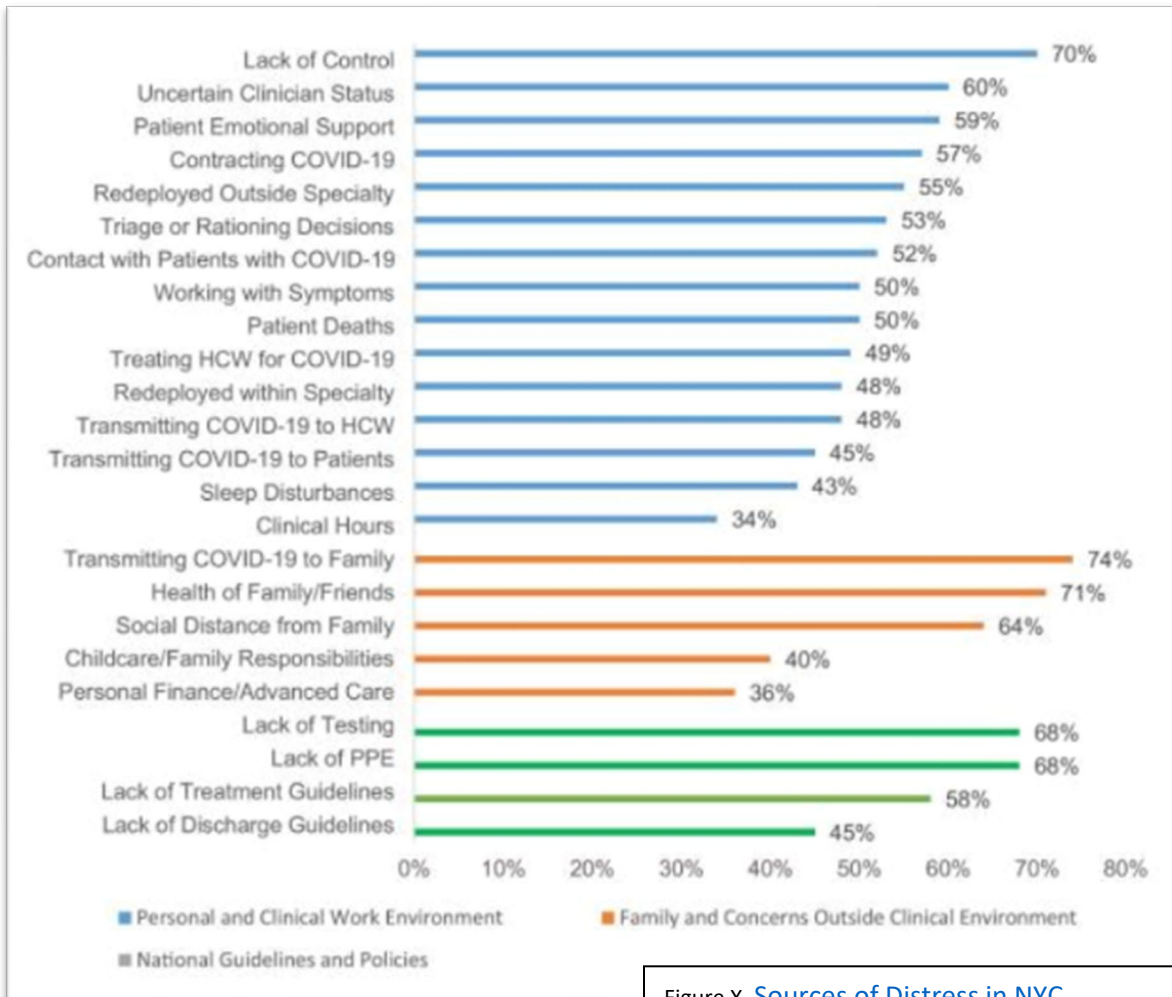


Figure X. Sources of Distress in NYC

Physical fatigue and general decreased immune response related to stress contribute to physical/emotional exhaustion and increased susceptibility to other illnesses. This is compounded by the pervasive nature of the pandemic; there is no relief or respite. It impacts all individuals to some degree, and in all aspects of personal and professional experiences.

Furthermore, the risk for secondary trauma is increased in some categories of workers. Secondary traumatic stress is the result of being exposed to the traumatic experiences of others and beginning to experience the effects of trauma personally as a result of this exposure.

Anyone may experience secondary traumatic stress; however, in the current context, certain categories of professionals may warrant special attention and include, but should not be limited to: Health Care, Congregate and Community-based Care, Mental Health Care, Addiction Services, First Responders, Transportation and Delivery Services, Education, Food Services, Custodial and Maintenance, Funeral Services, Public Service, and Manufacturing.

Current Strategies

In response to emerging needs, a variety of strategies have already been deployed at state, local, and organizational levels.

Communication, Training and Education

Accurate information is essential for positive adaptation, coping, and ultimately, recovery. Activities in these areas include timely and consistent communication on the crisis itself, health and safety guidelines, and strategies that demonstrate workplace responsiveness such as virtual check-ins and town halls. Additional communication can include resources and referral information while normalizing reactions and stigma reduction.

Accessible training or education for workers on important topic areas have also been identified as supportive. Topics that have demonstrated value are:

- Self-Care, Wellness, and Resiliency
- General Mental Health – such as Mental Health First Aid
- Crisis Response Training – such as Just in Time
- Psychological First Aid
- Professional Resilience and Compassion Satisfaction
- Trauma, Collective Trauma, and Secondary Traumatic Stress
- Grief and Collective Grief

Delivering these learning opportunities virtually or providing recordings have particular value in supporting safety and flexibility.

Trauma-Informed Care

Trauma-Informed Care and Trauma-Responsive approaches are universally appropriate during this time. A trauma-informed approach with overt attention to being culturally responsive, equity-focused, and anti-oppressive provides the greatest positive impact. Organizations that were previously employing these practices found they were well

positioned to be responsive to heightened needs in both staff and individuals or families who interacted with their services. Other organizations noted that implementing trauma-responsive, equity-focused practices even for the first time had a discernable impact on their ability to prepare, identify, and address needs in their workforce and support their communities.

Mental Health Supports

Some members of the frontline workforce are experiencing symptoms or reactions where higher levels of care are warranted. Having a continuum of care that is accessible and stigma-free is a critical component of promoting healthy recovery. Early strategies have included:

- Call centers including NY Project Hope
- Leveraging natural supports through preparation with appropriate knowledge and skills
- Wide array of support modalities, beyond clinical care, that are culturally responsive
- Promoting access to Employee Assistance Programs (EAP), including confidential psychotherapy sessions
- Access to Telehealth
- Access to high quality clinical care including evidence-based, or best practice oriented, trauma treatment

Self-Care

Research on general trauma and childhood adversity articulates that most individuals who have experienced trauma never engage in treatment. Communities and organizations can effectively apply this knowledge to support self-care and use of natural supports. Activities include:

- Information on and support in understanding mind-body health
- Direct instruction and coaching on coping strategies
- Organizational reinforcement of the necessity of stress management
 - Wellness activities
 - Flexibility
 - Job sharing
 - Encouraging utilization of paid time off
 - Campaigns and communications
 - Role-modelling at all levels
 - Effectively managing leaves of absence

Addressing Basic Needs and Community Support

As previously noted, establishing safety and fostering community cohesion are two essential elements of crisis or disaster recovery. Communities and organizations are finding ways to address basic needs and promote community connection for the frontline workforce. Actions have included:

- Access to food via pantries, donations, or sharing
- Providing open access to resources that support housing assistance, utility assistance, or other core services to employees who may not have needed to access supports previously.
- Seeking solutions for education and childcare
- Appreciation campaigns

Leadership

In times of disaster and crisis, individuals look to their organizational, local, and state leaders for accurate information and direction. An effective crisis leadership strategy provides the stability needed to maintain the essential supports and services on which the community depends, while promoting a healthy workforce. Examples include:

- Delivering technical solutions to provide virtual working environments where possible
- Offering workforce support such as hazard pay
- Leveraging funding sources to employ in response activities
- Supporting innovative service and support strategies to increase safety for all
- Using legislative opportunities to construct laws which support the workforce.

Initial Recommendations

New York State has already begun to provide services and supports to New Yorkers. Supports should be continued and enhanced; and the period of response throughout the systems of care should extend beyond the period of acute pandemic. It is strongly recommended that information about the available services across the continuum of care be promoted widely and that gaps be identified. This approach offers the opportunity to impact the experience of individuals, lowering the risk of long-term negative effects in the aftermath. In doing so, there is the additional benefit of reserving critical high intensity interventions such as trauma treatment for those whose needs are greatest. The following recommendations are grounded in the principles of trauma-informed care, crisis response and disaster recovery, cultural responsiveness, and resilience development. They are also reflective of opportunities to build on or scale current strategies to meet the cross-sector needs of the State, increasing efficacy, improving efficiency, and avoiding duplication of cost or approaches.

Public Awareness

Vulnerability to traumatic effects is compounded by feelings of being isolated or alone in these reactions. Raising awareness of common reactions to abnormal events while teaching easy and effective coping strategies promotes the health of all New Yorkers while uniquely benefiting those at greatest risk. Activities that raise public awareness can:

- Provide clear, culturally responsive, and action-oriented messaging on normal reactions
- Share signs and symptoms of traumatic stress and secondary traumatic stress
- Provide information about the impact of grief and loss

- Reinforce and teach adaptive coping strategies
- Promote access to NY Project hope line including the line specific to frontline workers
- Raise awareness and reduce stigma
- Message hope, help-seeking, and community connection
- Recognize the commitment and contributions of frontline workers

Physical and Psychological Safety

Establishing or re-establishing safety is an essential component of reducing risk of traumatic stress. Without a sense of safety, the physiology of the human stress response will maintain activation that is detrimental to physical and mental health. Interventions in this area can include:

- Provide clear and transparent messaging about safety and risk across all sectors
- Meet needs required to execute role safely

Community Preparedness

Statewide awareness raising is enhanced by community-specific messaging and the identification of local resources of support. Communities can be prepared for and activated to:

- Build on themes of public awareness campaign
- Assist with clear understanding of resources and referral processes by locality
- Increase capacity on trauma-responsive knowledge and approaches across all sectors
- Increase capacity on historical trauma and the impact of discrimination and racism on health disparities and inequities of care
- Engage networks of community partnerships to provide needs assessments
- Promote standard screening tools to assess for signs of greater impairment
- Invest in the development and/or accessibility of culturally responsive, trauma-informed services and supports

Organizational Preparedness

Organizations that employ frontline workers have a unique role in their ongoing recovery. They are also at greatest risk for seeing long-term impact in loss of productivity, attrition, recruitment, and cost of employee benefits. These organizations merit protections along with baseline interventions that can reduce these risks while increasing healthy outcomes for staff. Organizations can be assisted by and/or activated to:

- Raise awareness of signs of distress and impairment at all front doors (i.e. professional organizations, primary care doctors, faith-based organizations, cultural organizations, etc.)
- Increase management skills to identify and refer staff who may need additional supports.
- Establish common metrics for evaluating impact of COVID-19 on the frontline workforce

- Increase capacity of organizations to employ data-driven decision-making in the context of crisis response and recovery

Community-based Care

The literature on disaster recovery tells us that 80% of individuals have the capacity to return to baseline following a large-scale crisis. Given that the population of NYS is approximately 19.4 million individuals, a rough estimate suggests almost four million New Yorkers will experience heightened risk for the need for higher cost, higher intensity services. By establishing an early and effective continuum of care, we can reduce the number of New Yorkers who need higher intensity services while reserving these services for those that need them most. As outlined, individuals employed in frontline service sectors have greater vulnerability to long-term negative effects. Strategies which can address this greater vulnerability include the following:

- Assure access and connection for frontline workers to culturally responsive resources and services that address traumatic stress and loss
- Employ supports and resources that address underlying complex trauma due to historical or systemic trauma
- Increase awareness of trauma-specific treatment modalities

Summary

The COVID-19 pandemic has deeply affected individuals, families, and communities with mental and emotional effects which range from increased stress to trauma to secondary trauma to moral injury. These effects are borne more intensely by our frontline workers and by their families. NYS has a broad range of resources and services along the continuum of care that are available to support frontline workers to cope with stress and the traumatic impact of the pandemic. Frontline workers will be assisted by increased awareness of the emotional impact of the pandemic and of the available supports and services. A survey of the resources available across the State, identification of gaps, and prioritization of needs would fill in the continuum of care and ensure that supports are available throughout the State for all frontline workers and that any additional funding that is available is used to meet the greatest need.

The Frontline Workers workgroup will continue this work, and OMH will ensure that the substance of this work and the contents of the final report adhere to the requirements outlined in the legislation that was signed on February 16, 2021. Specifically, the workgroup will:

- Identify the services and supports across the continuum of care that are currently available in New York State.
- Recommend and prioritize next steps to address identified gaps in the continuum of services.
- Develop educational materials as needed to provide information about the effects of stress, adversity, and trauma.
- Develop a new page on the NYS Trauma-Informed Network website that is specific to COVID-19 and the needs of frontline workers. The page will include easy access to educational materials about trauma and the traumatic impact of COVID-19 as well as information about available supports and services.

OMH will submit a final report by December 31, 2021 which will include a summary of the services and supports that are available across the continuum of care and priorities to address gaps in the continuum. The report will also include recommendations for training, evidenced-based supports which can be deployed, and mechanisms to disseminate information and improve access to services.

APPENDIX A

LAWS OF NEW YORK, 2021

CHAPTER 33

AN ACT to direct the commissioner of mental health to create a workgroup and report regarding frontline worker trauma informed care; to repeal section 7.48 of the mental hygiene law relating thereto; and providing for the repeal of certain provisions upon expiration thereof

Became a law February 16, 2021, with the approval of the Governor.
Passed by a majority vote, three-fifths being present.

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. Section 7.48 of the mental hygiene law, as added by a chapter of the laws of 2020, amending the mental hygiene law relating to establishing the frontline workers trauma informed care advisory council, as proposed in legislative bills numbers S.8608-A and A.10629-A, is REPEALED.

§ 2. The commissioner of mental health shall convene a workgroup and report on frontline workers trauma informed care, which may include but not be limited to representatives of the state conference of local mental hygiene service directors under article forty-one of the mental hygiene law; behavioral health advocacy organizations; health care provider organizations; employee organizations representing nurses, doctors, and other frontline workers; human service providers as defined under section four hundred sixty-four-b of the social services law; law enforcement agencies; and individuals with expertise in fields of discipline related to trauma informed care. The workgroup shall meet regularly and as often as is necessary to carry out the responsibilities required by this section and a link to information regarding the workgroup and their activities shall be made available on the office of mental health's website. Such report shall (1) identify evidence-based tools to track the impact of COVID-19 associated collective trauma and the needs of frontline workers; (2) identify or develop training opportunities for organizations that employ frontline workers on how to support the mental health and wellness of their impacted employees; (3) identify evidenced-based trauma-informed support resources and learning opportunities for frontline workers; (4) identify or develop a mechanism to inform and refer impacted frontline workers experiencing symptoms associated with COVID-19 to behavioral health services and supports; (5) consult with any organization, government entity, agency, or person that the workgroup determines may be able to provide information and expertise on the development and implementation of trauma informed care for frontline workers; and (6) provide recommendations for how available funding may be utilized to support the frontline workforce. Such commissioner shall issue an interim report, on or before March 1, 2021 in relation to the immediate trauma informed care needs of frontline workers; and a final report, on or before December 1, 2021, which shall include findings and recommendations identified or developed by the workgroup on the long term trauma informed care needs of frontline work-

ers. Such reports shall be submitted to the governor, the temporary president of the senate and the speaker of the assembly.

§ 3. This act shall take effect on the same date and in the same manner as a chapter of the laws of 2020 amending the mental hygiene law relating to establishing the frontline workers trauma informed care advisory council, as proposed in legislative bills numbers S.8608-A and A.10629-A, takes effect and section two of this act shall expire and be deemed repealed December 1, 2021.

The Legislature of the STATE OF NEW YORK **ss:**

Pursuant to the authority vested in us by section 70-b of the Public Officers Law, we hereby jointly certify that this slip copy of this session law was printed under our direction and, in accordance with such section, is entitled to be read into evidence.

ANDREA STEWART-COUSINS
Temporary President of the Senate

CARL E. HEASTIE
Speaker of the Assembly

EXPLANATION--Matter in **italics** is new; matter in brackets [] is old law to be omitted.