Putting people first: The need to integrate worker mental health and well-being as a fundamental component of the public health infrastructure

Context:
Ongoing public health workforce recruitment and retention challenges have been exacerbated by backlash against public health protections and increased stress and trauma on an already overburdened and under-supported workforce that has fueled a growing exodus from the field. Current resources and initiatives to shore up the public health system infrastructure, such as the CDC's Public Health Infrastructure Grant, offer a timely and critical opportunity to address workplace protections, mental health, and well-being and embed these as fundamental components of the public health infrastructure.

An underlying theme throughout this work is that successful integration of worker mental health and wellbeing into the public health infrastructure will require consideration of individual jurisdiction and agency context. Greater emphasis is needed on engaging staff in the process of developing appropriate supports, policies, and programs that are aligned to each agency's respective structures and capacities.

Findings from the Literature:
Workplace mental health and well-being frameworks
Peer-reviewed and gray literature specific to public health workforce mental health and well-being is fairly limited. The U.S. Surgeon General's Framework for Workplace Mental Health and Well-Being and the National Institute for Occupational Safety and Health (NIOSH) Total Worker Health model offer helpful tools to advance workplace mental health and well-being programs and policies. Other relevant gray literature sources include the Employer Assistance and Resource Network on Disability Inclusion (EARN)'s Mental Health Toolkit and Checklist for a Mental Healthy Workplace, and NIOSH's Worker Well-Being Questionnaire.

Workplace mental health and well-being tools specific to governmental public health agencies
Resources tailored for use by governmental public health agencies were limited to the Joy in Work toolkit adapted by the National Association of County and City Health Officials (NACCHO) for use by local governmental public health agencies and the Association of State and Territorial Health Officials (ASTHO)'s PH-HERO Workforce Resource Center, which offers a selection of mental health and wellbeing resources for state public health agency leadership and staff.

Core Challenges & Best Practices:
An examination of the literature, review of public health agency accreditation workforce development plans, and conversations with public health workers and public health membership organizations revealed the following three core challenges and best practices:

Core Challenge	Best Practices*	Additional Considerations
1. A positive and supportive organizational work culture & environment: Prioritizing and building a supportive work environment where staff feel seen, heard, and valued by agency leadership is critical to improve workforce retention and in turn recruitment. Staff shortages were identified as the most critical factor fueling staffing burnout and worker burden. High turnover fuels a negative spiral of lack of capacity to prioritize staff well-being, which then perpetuates an unsupportive work culture that further accelerates turnover. Additionally, recognition from agency leadership and elected officials was emphasized as important for employee morale and retention.	Best practices shared included providing opportunities for employees to mentally recharge (e.g., time off, designating quiet rooms, redefining workspaces and office space usage, improving office aesthetics); community-building activities (e.g., peer support groups, bonding and team building activities); maintain a self-care infrastructure (e.g., fitness opportunities, healthy food options such as on-site farmers markets, health fairs); and employee recognition programs.	*Sample assessment tools to evaluate impact* (adaptation is needed to adjust the following for use in public health agency settings): CDC Worksite Health ScoreCard; HERO Scorecard; Well-being Works Better - Workplace Wellbeing Scorecard™

Core Challenge	Best Practices*	Additional Considerations
2. Leadership support and training: Leadership training was emphasized as a critical need to boost staff morale and develop and retain responsive, engaged leaders who are in tune with the changing needs of their staff. This need was particularly emphasized for many new leaders coming on board after the height of the pandemic. Leadership training should focus on support for current leadership as well as offer a trajectory and resources to build a public health leadership pipeline and prepare existing employees for future leadership positions.	Best practice suggestions shared included listening with intent and authenticity; engaging in supportive supervision (e.g., conflict management, facilitative employee performance feedback, inclusion of staff in decision-making); and modeling healthy work-family behaviors (e.g., flexible work schedules, incorporation of mental health and well-being into staff communications, active participation in workplace wellbeing programs).	*Sample programs and resources*: Sample approaches include leadership training on critical topics such as mental health awareness, crisis management, and trauma-informed response; mentorship programs for high-performing employees interested in future leadership roles; and formalized engagement of leadership in new employee orientation and onboarding processes.
3. Workplace policies and practices: Institutionalizing policies and practices that advance and promote employee safety, growth, and mental health and well-being was emphasized as crucial to ensuring that workers feel supported and valued, which can also help to improve workforce retention and quality of work.	Best practices included flexible telework options and/or shorter work weeks; innovative office space usage (e.g., hoteling stations, mobile worker stations); equitable compensation policies; lactation policies; employer-supported mental health and wellbeing programs and resources (e.g., Employee Assistance Programs); and integration of staff/professional development into organizational workforce development frameworks and plans.	*Opportunity areas for workplace policies and practice improvements:* Identified areas for improvement included lengthy and complex hiring processes; lack of authority to change workplace policies; limits on compensation levels and position structures and work modalities (e.g., flexible schedules, remote work); and lack of coordination, communication, and collaboration across state and local levels. Working within governmental bureaucracy and political systems, as well as communicating limitations to staff in a more transparent and authentic way were noted as important aspects of leadership training.

*Selected samples adapted from recommendations in Wu et al's article on [Organizational Best Practices Supporting Mental Health in the Workplace](#).