

Title: Inequalities in mental health support for unseen frontline service workers during the COVID-19 pandemic

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Disclosure and acknowledgements: No disclosures

Word count: 1,573

Abstract:

During COVID-19, frontline workers are facing unparalleled levels of distress. In response, many interventions have been employed by hospitals in order to improve workers' mental health. However, service workers, including water, sanitation and hygiene staff, food service workers, and countless others are not being appropriately supported for their heroic efforts. This Open Forum piece will 1) describe the demographics of this neglected population; 2) explore how structural racism plays a role in the lack of support interventions for service workers; 3) delve into the relationship between social determinants of health and COVID-19 related morbidity and mortality within this population; and 4) make a plea for institutions to take a deeper look at how they support their often unseen service workers.

Frontline healthcare workers during the COVID-19 pandemic are suffering from unprecedented levels of stress, anxiety, and depression.¹ Most hospital systems across the globe have acted swiftly in order to address and mitigate these negative psychological effects, creating various mental health services, such as hotlines, debriefs, and relaxation centers, to support frontline workers. To better understand whether these services were effective, an extensive literature review was conducted on mental health interventions during disease outbreaks. As we soon discovered, not only is there a lack of research on effective interventions to improve frontline workers' mental health, but there are even fewer studies that focus specifically on the mental health of non-clinical frontline service workers.

Service workers make up a significant proportion of hospital employees, consisting of water, sanitation and hygiene staff, transport workers, security personnel, food service workers, technicians, and countless other heroic staff members. In our review, we found only three out of ten studies that included these non-clinical staff in their research on effective mental health interventions during disease outbreaks for frontline healthcare workers,²⁻⁴ and only two specified exactly who the non-clinical workers were, identifying them as “water, sanitation and hygiene staff” or “domestic assistant and porter.” Service workers are not immune to the mental distress and trauma of serving on the frontlines and therefore support interventions that specifically attend to the unique needs of service workers must be established.

In this piece, we will be 1) describing the demographics of this neglected population; 2) exploring how structural racism plays a role in the lack of support interventions for service workers; 3) delving deeper into the relationship between social determinants of health and

COVID-19 related morbidity and mortality within this population; and 4) making a plea for institutions to take a deeper look at how they support their often unseen service workers.

Demographics of service workers

Low income folks, migrants, and People of Color (including Black, Latinx, Pacific Islander, and Asian) are overrepresented in the frontline United States (U.S.) healthcare service industry. For building cleaning service workers for example, 56.6% are non-white (Latinx folks being overrepresented), 38.2% are foreign born, 42.4% are <200% below the poverty line, and 29.1% have no health insurance. For custodial workers, 62.5% are non-white, 40.7% are foreign born, and 47.3% are <200% below the poverty line. For medical assistants, 50.1% are non-white, 15.3% are foreign born, and 26.8% are <200% below the poverty line.⁵ Additionally, for all hospital personnel with high risk comorbid conditions who directly interact with patients, 7.5% are uninsured, 8.8% are unable to afford medications, 25.3% are worried about medical costs, and 28.6% lack paid sick leave.⁶

The role of structural racism

These service workers, who are disproportionately low income and People of Color, are being excluded from mental health support interventions for frontline healthcare workers. We believe that this is due in part to structural racism: Racism which operates at a societal level and refers to the way laws are written or enforced, which advantages the majority, and disadvantages People of Color in access to opportunity and resources.⁷ Institutions in the United States have a deplorable record of structurally racist practices in their history. This includes Jim Crow era employment laws which protected white workers and prohibited workers of Color from

unionizing,⁸ racism and xenophobia baked into the Fair Labor Standards Act which historically guaranteed minimum wage to all employees in the U.S. excluding predominantly immigrant farm workers, which now does guarantee farm workers minimum wage but excludes them from overtime pay,⁸ and the Department of Labor classifying home health care work agencies (whose employees are majority women of Color) as independent contractors, excluding them from paid sick leave protections and other benefits guaranteed by the Fair Labor Standards Act.⁹

It is not surprising then with structural racism embedded in our society and everyday life, that support initiatives outside of the hospital system have also been specifically tailored for clinical staff, with the exclusion of service workers. These initiatives have included healthcare worker discounts, the daily clap for healthcare staff, military flyovers for healthcare workers, free temporary housing and childcare for physicians and nurses, and avoidance of lines in grocery stores exclusively for physicians and nurses. In mobilizing and securing effective mental health support services for frontline staff during the COVID-19 pandemic, we argue that more needs to be done in order to understand the needs and experiences of these often ignored frontline service workers so that every individual feels supported and recognized, regardless of position or status.

Interplay between social determinants of health and COVID-19

The first step in understanding the specific needs of service workers is by examining the burden of economic and social inequalities faced by People of Color, which includes inadequate education and living conditions, increased environmental exposures, and bias and discrimination. During normal working conditions, Black folks have reported more frequent discrimination than any other racial group. Workplace racial discrimination, such as exclusion of service workers

from emotional support services, has been found to induce psychological distress and depression.¹⁰ These inequalities and biases have been aggravated by the COVID-19 pandemic. In fact, People of Color have perceived increased discrimination during the virus and as a result feel higher levels of baseline stress.¹¹ Additionally, Black and Latinx communities are suffering from a higher infection rate and a higher mortality rate from the COVID-19 virus in comparison to white and Asian populations, generating valid fear about acquiring the virus in these communities. In the U.S., Black folks alone accounted for 33% of the hospitalizations despite only representing 13% of the population.¹² Additionally, during the peak of the virus in New York City, the U.S. epicenter of the pandemic, age-adjusted confirmed COVID-19 deaths were 220 and 230 per 100,000 people for Black and Latinx patients, double the mortality rate for white and Asian patients.¹³ In a qualitative survey of 244 primarily Latinx immigrants across cities in New York, well over 58% of respondents had been sick themselves or had a family member sick, and 16% had lost a family member.¹⁴

Causes for the higher COVID-19 morbidity and mortality rates in People of Color are due to these stated social inequalities, in conjunction with having more comorbid conditions, such as asthma, heart disease, and diabetes, cohabiting in extended multi-generational homes, lacking the privilege of working from home due to being employed in jobs that are deemed “essential,” having to take public transportation, and being unable to adhere to social distancing guidelines due to living conditions and employment.¹⁵ Overall, less than one in five Black workers and one in six Latinx workers can work directly from home.¹⁶ These inequitable factors superimposed by the COVID-19 virus amplify the risk for mental distress in People of Color, a population who is overrepresented in the frontline service industry.

Taken all together, it is of no surprise that when serving on the frontlines as unseen heroes, facing economic instability, enduring a multitude of social inequalities, and suffering from higher COVID-19 related morbidity and mortality, service workers would face unequivocal stress and trauma in the face of the COVID-19 pandemic.

Call to action

Many people who are serving on the frontlines of COVID-19 are overlooked; it is our duty to take the mirror to ourselves and examine how we treat the needs of People of Color within our own institutions. The compounding burdens frontline service workers (consisting of water, sanitation and hygiene staff, transport workers, security personnel, food service workers, technicians, etc.) face need to be understood by hospital leadership and hospital communities.

There are a variety of action steps that society, hospital leadership, and those who run emotional support services for frontline workers can take. First, we must consider that many frontline service workers are low income and People of Color, and therefore should be receiving adequate economic support including hazard pay. Second, we must ensure that all of our full hospital communities responding to COVID-19 have paid sick leave, without excluding third party contracted hospital employees. Third, we know many frontline service workers live in multi-generational households where they cannot physically distance. Service workers must be offered the same benefits for free temporary housing and free childcare that doctors and nurses receive. Fourth, frontline service workers are victims of racist, sexist, and classist interpersonal and structural discrimination on a daily basis which has only been exacerbated by COVID-19.

Hospitals need to offer support groups for frontline service workers of Color and reparative truth and reconciliation practices to hear and heal the wounds of racial traumas. Finally, emotional support services and research about frontline workers' mental health should intentionally include frontline service workers in their support services and analyses.

To develop the most relevant mental health interventions during the current COVID-19 pandemic, we must collaborate with frontline service workers to understand their individual difficulties and needs. Some ways we have thought about revising support services within our own hospital system involve the following: 1) Alter hours to provide services in the late night and early mornings, when many custodial staff and security staff are on duty; 2) expand language capacity to offer services in the dominant languages of frontline service workers; 3) provide culturally diverse and culturally appropriate emotional support options; 4) ensure accessibility of all services by communicating them through relevant channels and offering services in locations where frontline service employees work; and finally 5) offer grief support services to frontline service workers who are plagued by two pandemics - COVID-19 and racism.

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