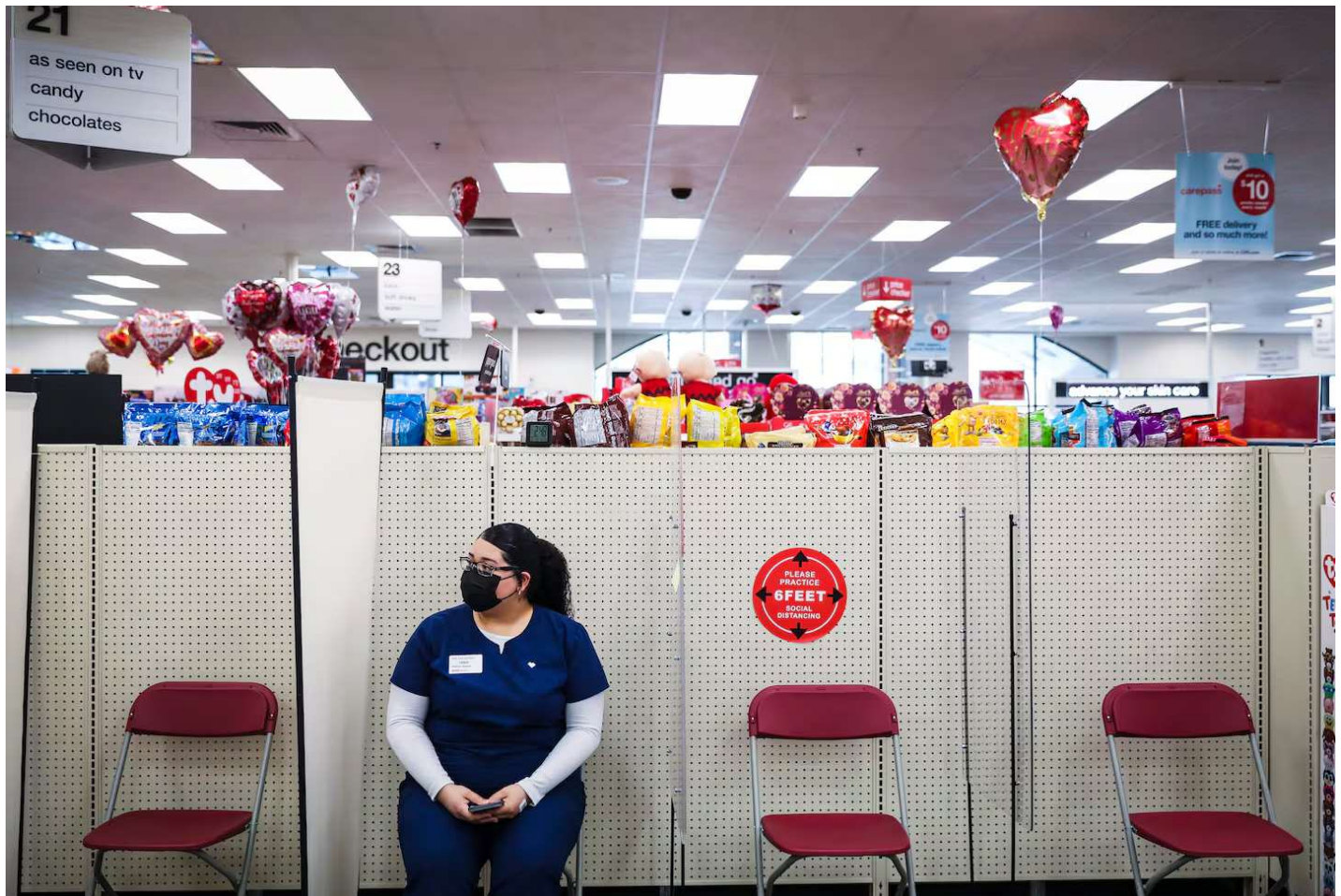


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## LETTERS

# We need to respond to front-line providers' mental health needs

Updated March 25, 2024, 2:20 a.m.



A pharmacy technician waited after receiving the COVID-19 vaccine at a CVS in East Boston in February 2021 to make sure she didn't have an allergic reaction. ERIN CLARK/GLOBE STAFF

Elissa Ely's March 18 op-ed, ["The pharmacist and the amaryllyis,"](#) is a well-reasoned call for common decency in the public sphere. But it highlights something else: the need for a coordinated, public, and ongoing response to the mental health needs of front-line health

care workers, who have been conditioned throughout the COVID-19 pandemic and post-pandemic years to absorb “complaint and abuse.”

Burnout rates among health care workers have resulted in persistent staffing shortages in [pharmacies](#), [nursing homes](#), and [primary care practices](#). Lack of support and treatment of the health care workforce’s mental health needs makes it harder to recruit and retain skilled workers, which has long-term consequences for the Commonwealth’s ability to deliver quality health care.

Recognizing this danger, the state used \$1 million in federal American Rescue Plan Act funds in 2021 to launch a pilot program offering group-based mental health support to nursing home aides, home health workers, and personal care attendants. Based on the success of the pilot, MASStrong was expanded last year with \$5 million from the Commonwealth’s Behavioral Health Trust Fund to reach pharmacists, social workers, nurses, physicians, and other clinicians.

As Ely notes, kindness goes a long way. For the moment we’re in now, however, we need much more.

Liz Friedman

CEO

GPS Group Peer Support

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*The organization, in partnership with the Betsy Lehman Center for Patient Safety, runs MASStrong, a program for health care workers to discuss the challenges they face.*

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