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**Burnout, Substance Use, and Barriers to Healthcare Among New Orleans
Service Industry Workers**

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Background: People working in the service industry are known to have among the highest rates of substance use of any U.S. based industry. Service industry workers face a multitude of challenges that include irregular hours, emotional labor, and limited employer-sponsored health insurance. Although New Orleans depends on service workers for its economy, there is little local data on the mental health needs of those working in the service industry. Our project intended to describe burnout, substance use, and barriers to healthcare among those working in the New Orleans service industry.

Methods: An online anonymous survey was distributed via fliers and social media from November 2025 to July 2026. The survey included modified Burnout Assessment Tool (BAT) items, ASSIST-adapted substance use items, NHIS-based healthcare access questions and open-ended questions. We conducted analysis on responses that were at least 81% complete descriptively (n=97) and open-ended responses were coded by theme.

Results: The majority of respondents to the survey were female (60%), (67%) of respondents were between the ages of 25-44, and (78%) of respondents had 5 or more years in the service industry. Most respondents were hosts, servers, or bussers (30%), bartenders (25%) or front of house managers (25%). Symptoms of burnout were commonly recorded. Greater than half of respondents stated that most of the time or always, they felt mentally drained at the end of each workday (58%), had muscle pain (59%), had difficulty with recovering their energy after work (54%) and felt tense and stressed (59%). Within the past three months, 73% of respondents struggled with substance use that includes cannabis and 58% drank 5+ drinks containing alcohol within a two-hour time window. 80% of respondents were worried about paying unforeseen medical expenses and 60% lacked any usual source of healthcare. The majority of respondents either had a history of using individual talk therapy or were likely to try it (62%) and 64% of respondents said the same when asked about seeing a psychiatrist for evaluation and possible treatment. When asked questions about barriers to mental health care, respondents frequently cited cost, lack of health insurance, and low wages as the primary obstacles to care in open ended responses. When answering questions about their biggest workplace stressors, respondents reported poor pay, difficult customers, and management in their open-ended responses.

Conclusions: The preliminary findings in this project suggest high levels of substance use and burnout within the New Orleans service industry. This demographic also faces significant financial barriers to care yet continue to express interest in mental health care. Expanding access to affordable, sliding scale clinics for this vulnerable workforce may help close this gap between affordability and interest for mental healthcare. Further statistical analyses are ongoing.

