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Mental health impacts of COVID-19 on NHS staff

Media headlines have predicted an increase in mental ill health among NHS staff during the COVID-19 pandemic. This POSTnote gives an overview of the scale and quality of current evidence on the mental health and well-being of NHS staff before and during the pandemic. It also discusses how staff are supported and the options for introducing other effective interventions as the pandemic continues.

Overview

- NHS staff have experienced changes in their work patterns and roles during the pandemic that may affect their mental health and well-being.
- There are reports of burn-out, anxiety and depression, but also of staff thriving on greater team cohesion. The quality of evidence and research findings on the mental health impact are mixed.
- Supporting staff mental health is vital to sustaining capacity of the NHS workforce.
- Greater understanding is needed of the longer-term impacts on staff mental health and the needs of particular groups.
- Proposed ways to support staff include ensuring healthy working conditions, effective leadership and peer support.
- Some staff may require priority access to more intensive support from mental health services, such as psychological therapies.

Background

In the NHS, pre-pandemic reports indicated high levels of staff stress and burn-out.[1] The issue of NHS staff burn-out has also received recent attention in Parliament.[2,3] Burn-out from physical and mental exhaustion can increase the risk of mental ill health. It also impacts on patient care by reducing staff capacity for empathy and increasing their risk of making mistakes.[4] High levels of anxiety and depression were self-reported by NHS staff in the years prior to the pandemic.[5,6] From 2016 to 2019, the Health and Safety Executive estimated that work-related stress, anxiety or depression affected 2,120 health and social care workers per 100,000 (2.1%) compared with 1,380 per 100,000 (1.4%) across all occupations.[7] Mental ill health may also contribute to premature morbidity and mortality, exerting longer term impacts on the NHS workforce.[8] Therefore, supporting the mental health and well-being of NHS staff may help to sustain NHS workforce capacity and performance. A proactive approach to support can help staff remain in employment and enhance the well-being of staff and their families.

It is unclear whether the mental health of NHS staff has significantly declined during the pandemic. However, in April 2020, sickness rates for NHS staff in England were at their highest in a decade. Whether this figure includes those shielding or self-isolating is not reported. The most common reasons for sickness absence were anxiety, stress, depression or another mental illness, reported by 20.9% of staff off sick.[9]

Research and funding

Current understanding of how the pandemic is affecting NHS staff is informed by surveys. Limitations of surveys are discussed in Box 1. Surveys conducted by the British Medical Association (BMA)[10] and Royal College of Nursing (RCN)[11] during the pandemic report that between 45% and 50% of doctors and nurses were concerned about their mental health. A number of other surveys of NHS staff have emerged,[12–17] including those funded by the UK's research bodies.[18–21] Several

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of these have published findings but none have yet been peer-reviewed. Some also include interviews with NHS staff; none of these results have yet been published.[22–24] Findings of studies investigating the experiences of minority ethnic staff groups are awaited.[25,26] Recently, there have been calls for research investigating longer term health impacts of the pandemic.[27,28]

Pre-pandemic compared with pandemic

Findings available so far from studies conducted between April and May 2020 are conflicting as to whether healthcare workers' mental health and well-being have declined relative to pre-pandemic levels. In a survey (not yet peer-reviewed) of 2,773 staff in the UK, symptoms of anxiety and depression increased compared with healthcare workers' recall of their levels of anxiety and depression pre-pandemic.[13] In a study (not yet peer-reviewed) in South West England of around 6,000 people (10% were healthcare workers), in which symptoms were measured at the time of their occurrence pre-pandemic, no such increases were observed.[29] However, ethnic minority groups were substantially under-represented in this study.

Compared with other occupational groups

In studies during the pandemic comparing the mental health of healthcare workers with other occupational groups, it appears that the pre-pandemic trend towards poorer mental health among this group remains. In a survey during the pandemic of 1,406 employees, health and social care staff had significantly higher levels of Post-Traumatic Stress Disorder (PTSD), depression and anxiety than other occupational groups (not yet peer-reviewed).[30] Another study, comparing workers in the NHS with those in the criminal justice system, found NHS workers to have higher psychological distress but poorer skills for managing this, such as seeking support, than criminal justice workers (not yet peer-reviewed).[12]

Box 1: What is the quality of the current evidence?

- Surveys rely on respondents' willingness to take part and may induce some biases, such as staff who are particularly distressed responding to the survey. This may lead to an over-estimation of the levels of distress. Other groups may be under-represented, such as individuals from ethnic minority backgrounds. Lack of diversity in study populations restricts understanding of potentially at-risk groups.
- Study populations are often defined as 'healthcare workers' so it is not always clear if this includes all NHS staff, such as administrators. There is also a focus on 'frontline' staff, as opposed to those in less acute settings, such as staff working in community settings.
- Surveys use questionnaires to ask staff about symptoms of mental disorder. This is different from receiving a diagnosis from a health professional.
- Studies are cross-sectional, which only provides an insight into mental health at one point during the pandemic; impacts on mental health and well-being may be transient. The most robust method of identifying staff particularly susceptible to adverse impacts is to carry out surveys of the effect on staff mental health at different points in time during the course of the outbreak.

Factors influencing staff mental health and well-being during the COVID-19 pandemic

The COVID-19 pandemic has exerted significant pressures on NHS staff. They have had to balance their personal commitments with their professional duties to care for patients. Such tensions increase the risk of 'moral injury'(Box 2).[31,32] Many of the usual mechanisms employed to manage stress have not been possible during the pandemic, for example socialising with family and friends. Many staff have experienced changes to their working environment, with potentially different factors affecting community and hospital staff. Some staff have been redeployed to new roles, with limited training. There have been reports of inadequate provision of personal protective equipment (PPE) and COVID-19 testing for healthcare staff.[11,33]

Box 2: What is moral injury?

Originating in the military, this describes the distress associated with actions taken by an individual that violates their moral or ethical code. It may be accompanied by feelings of guilt or worthlessness. Stakeholders have expressed the view that it may be experienced by NHS workers and increase the risk of mental ill health such as anxiety, depression and PTSD. This may be in response to staff having to make difficult decisions, such as to discharge patients from hospital earlier than usual or allocate scarce resources such as ventilators and intensive care beds.

However, there have been a number of potentially positive cultural shifts in the NHS as a result of the pandemic. If these continue beyond the pandemic, then they could enhance staff well-being. For example, some doctors have reported an increase in clinical autonomy. Another adaptation has been a shift to new flexible ways of working facilitated by rapid advances in the use of technology.[34] Such changes may positively impact work-life balance due to reduced travel time.[35]

Increased exposure to death and suffering

Many staff have been directly exposed to the suffering associated with COVID-19, increasing their risk of PTSD.[13,14] The extent to which the loss of life at present differs from that to which frontline staff are ordinarily exposed is unclear but a widely held view is that it has increased. Evidence from meta-analysis now suggests that NHS staff directly engaged in caring for those with COVID-19 are particularly vulnerable to the negative impacts of the pandemic (not yet peer-reviewed).[36] This includes those working in front line specialities such as emergency medicine, intensive care and ambulance services, with front line nurses especially at risk.[14,36,37]

Risk of infection

Another significant challenge has been lack of clarity regarding infection control procedures and staff worrying about the risk of infection to themselves and their family.[38] There have been reports of staff sleeping in hotels between shifts, for example, if they live with others who are vulnerable to infection.

Remote working

General practitioners and other staff working in outpatient settings have had to adapt to supporting patients remotely. In a survey of over 2,000 staff working in mental health services during the pandemic, over half of those working in community

services perceived their biggest challenge to be the delivery of care using digital platforms.[38] Many staff were poorly prepared for the transition to telephone or online appointments due to lack of skills and/or equipment. Some felt unable to assess patients adequately in the absence of face-to-face contact and to effectively raise concerns about their patients' health and/or social circumstances.[35]

Less attention has been paid, in both the media and research, to the mental health of staff not working directly on the front line during the pandemic. This includes administrative staff working from home and staff unable to work on the front line as they are shielding. Some of these staff have reported feeling guilty and frustrated about not contributing to the healthcare response.[11]

Redeployment

NHS staff working in the community also experienced some of the highest levels of redeployment during the pandemic. For example, in some areas over 60% of health visitors were redeployed to completely new roles between March and June 2020.[39] This occurred alongside an increase in demand from vulnerable families with young children.[40] Non-voluntary role assignment during the pandemic was a risk factor for mental ill health in a recent meta-analysis.[37]

As the pandemic continues, there remains uncertainty among these NHS staff about what form their work will take, including concerns about job security. For example, dentists are considering how to ensure that their services are financially sustainable when patient flow is reduced due to heightened infection control measures.[41]

Willingness to seek help

The COVID-19 pandemic has exposed how the public feel about the NHS. As the UK's largest employer,[42] most people will know somebody who works for the NHS so may feel invested in it. One demonstration of this was the weekly applause for NHS workers, which raised NHS workers to a hero-like status.[43] While many staff appreciated this display of public support, it may have heightened a sense of indispensability among staff already present prior to the pandemic. Such feelings may fuel subtle pressure not to disclose difficulties, display vulnerability or take sick leave, for fear of letting the public down.[43]

Trainees

NHS healthcare staff who are in training have also experienced significant uncertainty surrounding their career progression as a result of changes to their working patterns. Pre-pandemic data from doctors indicate that trainees are especially vulnerable to mental ill health. In a 2018 BMA survey of over 4,000 doctors, 91% of trainee (also known as 'junior') doctors were at high risk of burn-out.[44] Evidence from previous outbreaks also suggests that junior staff are most at risk of adverse mental health outcomes associated with the current pandemic.[45] In a survey of over 38,000 doctors in training conducted by the General Medical Council (GMC) during the summer of 2020, 59% of respondents reported feeling at least somewhat burnt-out because of their work.[46] However, for some trainees, the pandemic provided positive training opportunities as a result of more senior staff support and supervision.

Ethnicity

Structural inequalities in health outcomes have likely been magnified by the pandemic. Staff from minority ethnic backgrounds comprise a significant proportion of the NHS workforce, are more likely to be in front line roles and have been disproportionately affected by the pandemic relative to their White colleagues, including deaths from COVID-19.[47–49] The impact of this on mental health is not yet known but there may be ongoing challenges to the mental health of minority ethnic groups related to racism and discrimination, socioeconomic disadvantage and mental health stigma.[50] There is pre-pandemic evidence that the well-being of nurses and midwives from minority ethnic backgrounds is poorer than those from other backgrounds. They are also at an increased risk of bullying and harassment in the workplace, including from patients.[51] Minority ethnic staff are also more likely to be involved in professional disciplinary proceedings.[52]

Gender

Evidence indicates that the well-being of women across occupational groups may also be disproportionately affected by the pandemic. The NHS Confederation used a survey of female NHS staff to explore their experiences during the pandemic.[53] A theme emerged of conflict between personal and professional responsibilities. They reported additional domestic pressures of caring for children and other dependents. However, in a study of front line workers (80% of whom worked in health and social care) in the UK and Ireland during the pandemic, being a carer was not associated with increased burn-out or reduced well-being.[17] This suggests that there may be additional factors, for example women have more front line roles.[36]

Supporting the mental health and well-being of NHS staff

The nature of the support that staff may require will depend upon the relative level of stress experienced. Some stress will be transient and not all will lead to mental disorder.[54] Some healthcare professionals, not always mentioned in public announcements during the pandemic, such as pharmacists, have expressed feeling under-valued during this time.[55] Some of these professionals are providers of NHS services but not directly employed by the NHS. They may not be eligible for the same level of support as NHS employees, so the pandemic has also highlighted some of these disparities.

Employers have a legal duty to complete a stress risk assessment to identify potential sources of stress for staff.[56] A 2017 UK Government-commissioned independent review of mental health across all workplaces was informed by conversations with over 200 organisations. It outlined a number of 'mental health standards'.[57] Some of these are likely to be required by all NHS staff, for example healthy working conditions and cohesive teams in which there is clear and timely communication. Other sources of support may contribute to a 'stepped' psychological response informed by the needs of the individual and are likely to be particularly important as the pandemic continues. Healthcare staff in previous outbreaks have benefited from many of these supports.[45] However, evidence from previous outbreaks and the current pandemic suggests that staff may not be fully aware of what is required

to support their well-being.[58] Guidelines for each of these sources of support, what is being provided, and options for future provision will be considered below.

Resourcing and working conditions

Adequately resourced workplaces can support staff to provide the optimum service to their patients. Lack of adequate resourcing has been associated with an increased risk of mental ill health in NHS staff during COVID-19.[13] Safety at work can be supported by workplace risk management and safe systems of work, including adequate provision of PPE for all staff.[59] Individual occupational risk assessments can also be used, particularly for those at increased risk of COVID-19 infection prior to their return to work.[60] Occupational Health services can support the use of such tools as part of a broader assessment of an individual's personal and social circumstances, including mental health.[61] This can inform the adjustments made to the work environment and support provided.

Working conditions that allow staff the time to take care of their own well-being, such as sleeping, eating and exercising, enhances their ability to care for others. Organisations outside the NHS have provided practical support, such as dedicated hours for grocery shopping. However, some staff have reported having no time to enjoy some of these benefits, including restaurant discounts. There have been calls for further support within the NHS, such as flexible working where possible, particularly for those with dependents.[62]

Communication, information and training within supportive teams

Evidence of how to mitigate the adverse mental health impacts of the current pandemic indicates that it is important to adequately prepare staff for the challenges ahead.[63] A review of employees in disaster-exposed organisations such as the NHS suggests that challenges like those currently facing NHS staff can bolster their resilience when they are adequately supported.[64] Resilience is the ability to recover from adversity.

Current guidance on how to support NHS staff at this time emphasises the importance of fostering supportive clinical teams.[65] Buddying can be used to provide more junior staff with support from a senior colleague.[66] Staff may also benefit from talking with peers as a group. Workplaces in which staff are encouraged to voice their concerns may be associated with reduced staff turnover and sickness absence and increased reporting of patient safety issues.[67,68] There is also evidence that supportive managers are associated with greater well-being among healthcare staff during previous outbreaks,[69] and the current pandemic (not yet peer-reviewed).[15]

Some of these sources of support were used during the pandemic to prepare staff.[70] In June 2020, Public Health England launched its 'psychological first aid' training course to equip NHS staff with tools to manage their own and their colleagues' mental health during the pandemic.[71] Open channels of communication between senior managers and frontline clinicians have also been encouraged during this time.[72] There are reports of online staff discussion fora organised by managers concerned about the impact of their lack of physical presence on site. NHS leaders can also receive training in managing conversations about mental health and well-being with staff who they supervise.[73] For example, the Health and Safety Executive has produced a 'Talking Toolkit'.[74]

Some staff have reported increased team cohesion during the pandemic. However, shift-working and rota patterns still provide a challenge to a consistent team presence in some settings. Group discussions known as 'Balint Groups' or 'Schwartz Rounds' have been widely adopted across the NHS; a recent evaluation indicates that they are an effective space for reflection by staff.[75] Dedicated time in the working day to attend such spaces can help encourage participation.

Psychological support

There is evidence that a graded approach to psychological support from low-intensity support to more intensive interventions for those who are more distressed or experiencing mental disorder will help to ensure efficient allocation of mental health resources for NHS staff.[76] This approach underscores the value of active monitoring of staff well-being within clinical teams in order to proactively identify individuals who may be at risk.[77]

Informal support that is easy to access and confidential may be helpful in supporting adaptive coping strategies and addressing unhelpful feelings such as guilt.[78] NHS England and NHS Improvement have developed a staff support programme that allows staff to access such support.[73] This includes access to a telephone support line and free access to self-help online apps. In the devolved nations, similar support packages have been established for health and social care staff.[79–81] Several other bodies that represent staff, such as Royal Colleges, provide online and telephone support.

When more specialised support is required, staff may be referred for evidence-based interventions delivered by trained mental health professionals such as those that address unhelpful thoughts, feelings and behaviours.[65] The NHS Practitioner Health Programme offers free and confidential healthcare but is only available to doctors and dentists in England. In October 2020, the service has reported rates of self-referrals double that of pre-pandemic levels. There have been calls to increase provision of such services to allow fast-tracking of all NHS staff into mental health services when needed, in close liaison with occupational health.[82] In October 2020, NHS England and NHS Improvement announced an investment of £15 million to fund rapid mental health assessment and treatment for NHS staff.[83] This includes piloting a series of mental health hubs offering immediate support in addition to rapid access to more specialist treatment. Stakeholders have voiced that the value of such hubs may depend on the extent to which they can provide sufficient staffing and resources to meet demand for the service.

However, such initiatives may prove valuable in the coming months in realising the vision of a more supportive working environment outlined in the NHS People Plan 2020-2021.[84] Staff may have had little opportunity to recover in the aftermath of the first wave of COVID-19. Stakeholders agree that how they are supported now will determine capacity of the health service to care for the UK population as the pandemic continues.[85]

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