Title: What have we learned about what works in sustaining mental health care and support services during a pandemic? Transferable insights from the COVID-19 response

Abstract

Efforts have been made to adapt the delivery of mental health care and support services to the demands of COVID-19. Here we detail the perspectives and experiences of mental health workers (MHWs), in relation to what they found helpful when adapting mental health services during the COVID-19 pandemic and responding to its demands. We were interested in exploring what has helped to support MHWs' own health and wellbeing given that staff wellbeing is central to sustaining the delivery of quality mental health services moving forward. Individual interviews were conducted with MHWs (n = 30) during the third COVID-19 lockdown. Interviews were audio-recorded, transcribed and managed using NVIVO. Qualitative data was analyzed using an inductive thematic approach. Three major themes were created, which emphasized the importance of: (1) 'self-care and peer support (checking in with each other)', (2) 'team cohesion and collaboration' and (3) 'visible and supportive management and leadership (new ways of working)'. Our findings emphasize the importance of individual, team and systems-based support in helping MHWs maintain their own wellbeing, whilst adapting and responding to the challenges in providing mental health care and support during this pandemic. Guidance and direction from management, with adaptive leadership in providing sustained, efficient, and equitable delivery of mental healthcare, is essential. Our findings support future policy, research and mental health practice developments through sharing important salutogenic lessons learned and transferable insights which may help with preparedness for future pandemics.

Keywords: Mental health, staff wellbeing, COVID-19, help-seeking, support systems

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Introduction

The persistent and changeable nature of the Coronavirus disease 2019 (COVID-19) has led to the health and social care sector continuously adapting to changes and challenges in service provision. Indeed, COVID-19 itself is phylogenetically connected to the prior SARS pandemic of 2003 (Zhou et al., 2021) and researchers seek to predict future variants of the disease, as many continue to develop (Chen et al., 2021; Fontanet et al., 2021; Roy et al., 2021). The scale and spread of COVID-19 present unique challenges to its management and containment, as the disease threatens not only public physical and mental health (Wang et al., 2021), but economic and social stability (Dubey et al., 2020; McKee & Stuckler, 2020). As little was known initially about COVID-19's impact and progression, global responses have been both varied between nations and inconsistent within them (Althouse et al., 2020; Dewi et al., 2020). With continued and increasing threats to occupational health, safety, and well-being reported (Shoss, 2021), the pandemic raises implications for health organizations' evolving workforces, and staff occupational wellbeing.

In the United Kingdom (UK) mental health services across health and social care settings were not considered 'essential' in the initial governmental response and so, operated based upon management discretion (Liberati et al., 2021). Lack of clear guidance and ongoing policy and procedural changes meant that health and social care sectors were tasked with continually modifying their mental health care provision. It is imperative to gain insights into mental health workers' (MHWs') personal and occupational experiences throughout COVID-19, in the hope that their identified support needs will be met as it progresses (Gavin et al., 2020), and to ensure that important lessons can be learned to help with future pandemic preparedness.

The mental health implications of COVID-19

The unprecedented challenges and uncertainties associated with COVID-19 have reportedly led to substantial mental health deteriorations, both among healthy individuals and those with pre-existing mental health problems (Banks & Xu, 2020; Cullen et al., 2020; McElory et al., 2020; Simblett et al., 2021; Vindegaard & Benros, 2020; Willis & Chalder, 2021). COVID-19 restrictions have resulted in prolonged waiting lists, concerns surrounding how to provide safe and adequate care remotely and MHWs struggling to maintain their own mental wellbeing (Rosenberg et al., 2020). MHWs are often misconstrued as having a psychological immunity to the stressors experienced by their service users (Dattilio, 2015; Lamb & Anonymous, 2016). Contrary to this assumption, MHWs are more susceptible to developing mental health problems themselves, due to the emotional labor which accompanies their work (Lasalvia et al., 2009; Sabin-Farrell & Turpin, 2003; Sheppard & Newell, 2020). Indeed, occupational hazards such as secondary traumatic stress, compassion fatigue and vicarious trauma among mental health professionals have been reported in systematic review (Kanno & Giddings, 2017) and meta-analysis (O'Connor et al., 2018)

studies. However, it is documented that MHWs frequently neglect their own wellbeing and fail to seek help in times of need (Bearse et al., 2013; Jaiswal et al., 2020; Tay et al., 2018; Walsh & Cormack, 1994). It is vital, therefore, to better understand their support needs during COVID-19, to develop tailored support systems to help the future sustainability of the delivery of mental health services.

Challenges faced by mental health workers during COVID-19

Alongside coping with psychosocial stressors from their personal worries and concerns associated with COVID-19 (Fleuren et al., 2021; Taylor et al., 2020), MHWs bear the professional responsibility of responding to increased demand and rapidly adapting their mental health service models, which have experienced significant disruptions (Moreno et al., 2020; WHO, 2020a). With a view to contain COVID-19, remote tele-therapies have largely replaced in-person sessions (Scottish Government, 2020; Whaibeh et al., 2020). However, working virtually poses distinct challenges to issues such as risk assessment and patient confidentiality (Chenneville & Schwartz-Mette, 2020; Madigan et al., 2021; Schölin et al., 2021). MHWs have subsequently reported increased anxiety, fatigue and professional self-doubt when working virtually, coupled with feeling less connected with their patients (Aafjes-van Doorn et al., 2020; Békés & Aafjes-van Doorn, 2020; Johnson et al., 2021). Tumultuous effects of the COVID-19 pandemic on work quality and staff morale have been further linked to a lack of preparedness, redeployment demands, frequently changing work conditions, and limited resources (Hoel et al., 2021). Another significant challenge MHWs have faced is delivering mental health services at reduced capacity due to staff illness or redeployment (Billings et al., 2021; BMA, 2019; Pereira-Sanchez et al., 2020). The combination of such workplace pressures and social expectation as ‘superheroes’ (Cox,

2020), is predicted to culminate in feelings of reduced therapeutic effectiveness (Joshi & Sharma, 2020) and moral injury (Kothari et al., 2020). While a growing body of research has rapidly emerged emphasizing the challenges facing MHWs in delivering efficient and equitable services within the context of COVID-19, little has focused on what they have found helpful in their experiences when responding and adapting to these challenges, particularly within the Scottish context. The delivery of high-quality mental health care is dependent on MHWs having the right skills, experience and motivation (Lamb & Anonymous, 2016). NHS staff are performing in extraordinary ways; however, it is inevitable that exposure to significant stressors will have an impact on their own mental wellbeing (Greenberg & Tracy, 2020). Ensuring MHWs are properly prepared for their roles, which involve supporting other staff during this pandemic, practically and psychologically, is essential in protecting the NHS's quality of care, staff morale and reputation.

The current study

Our study is an in-depth qualitative analysis of MHWs' experiences of working in one NHS health board in Scotland during the COVID-19 pandemic. We sought to gain insights regarding MHWs' personal and professional challenges faced in providing mental health care and support throughout this pandemic, in the hope that lessons may be learned that will inform the future sustainability of service provision moving forward. In particular, we aimed to understand what MHWs have found helpful in adapting their roles in the face of such challenges. Central to this we were concerned with understanding what has helped sustain MHWs own health and wellbeing. We sought to capture salutogenic insights into how best to support MHWs during the COVID-19 pandemic and in future pandemic preparedness. Our study is the first, to

date, to incorporate the perspectives of frontline National Health Service (NHS) MHWs during the pandemic within the Scottish context.

Scottish context

Our study was conducted during a period of significant political, economic, health and social uncertainty associated with the COVID-19 pandemic. Within days of the Prime Minister's national lockdown statement on the 23rd of March 2020, the Scottish Government had published its own protective measures (Scottish Parliament Information Centre; SPICe, 2021). Safety restrictions were packaged based on five graduated protection levels and assigned to local areas depending on infection rates. This strategy was employed to target and contain high-risk communities, whilst allowing scope for safer areas to resume activity (Scottish Government, 2021a). However, the changeable nature of such restrictions and, consequently, the continuous adaptation of mental health services has led to increased stress for MHWs (Byrne et al., 2021; Hoel et al., 2021). An additional challenge is the growing number of presentations to mental health services, as members of the public struggle to cope with increasing psychosocial stressors such as financial uncertainty and social isolation (Pierce et al., 2020; WHO, 2020b). Those with existing mental health difficulties have reportedly experienced an exacerbation in presenting difficulties (Chatterjee et al., 2020; Medvedev & Dogotar, 2020), which may partly be due to the closure or restriction of support organizations (Chen et al., 2020). In the Scottish public, rates of suicidal ideation increased from 9.6% during the initial wave of COVID-19, to 13.3% in the second (Scottish Government, 2021b). At the time of data collection (February to March 2021), MHWs were working within the confines of tier 4 restrictions (SPICe, 2021). Among other measures, this prohibited travel outside of the local area and non-essential visitations and enforced the closure of public facilities (Scottish Government

2021c), greatly limiting the scope of MHWs' care and support provision. Given these evident challenges, it was a pertinent period during which to understand what has been learned about what works in sustaining mental health care and support services during the COVID-19 response, with the aim to uncover transferable insights in preparation for the recovery phase of this pandemic and beyond.

Method

This qualitative study used one-to-one, in-depth, semi-structured online interviews to draw upon the perspectives of frontline MHWs during the COVID-19 pandemic. This approach placed MHWs at the forefront of the research process by allowing them to share and reflect on their personal experiences of what has helped them adapt and cope with the challenges they have faced in providing mental health care and support.

Participants

After considering participant heterogeneity, data saturation (Fusch & Ness, 2015) and other qualitative research in the area (Billings et al., 2021; Liberati et al., 2021), a purposive sample of 30 participants working across mental health and social care settings were recruited through one NHS Health Board in Scotland. Participants were recruited during February to March 2021 via social media, online recruitment posters and through NHS organizational communications. Recruitment advertisements included a study link to the online software *Qualtrics* (Version 2020), where potential participants were provided with information about the study as well as contact details for the lead researcher, in order to ask any questions prior to their participation. Demographic information and contact details to schedule the online interviews were collected. To ensure participants were able to reflect on their experiences of working in

the field of mental health over the course of the pandemic, an inclusion criterion was that MHWs had at least 3 months NHS working experience within mental health services prior to the study and for the duration of the pandemic. Participant demographics (table 1) and occupational characteristics (table 2) are provided.

TABLE 1 & 2 HERE

Ethical considerations

Ethical approval was granted by the University Ethics Committee (reference: UEC20/81). Informed consent was collected electronically through the Qualtrics platform. Participants were informed that they were free to withdraw from the study up until the point by which the data was anonymized and issues regarding confidentiality and the protection of their anonymity were discussed prior to the interviews being conducted.

Data collection

Data was collected via individual interviews as it was asserted that the potentially sensitive nature of the subject matter would allow for the generation of discussion between the interviewee and interviewer that might not have occurred from focus groups (Namey et al., 2016). Each of the interviews were facilitated by one of the researchers with an experienced qualitative researcher providing support where needed.

Semi-structured interviews were conducted via the online platform *Zoom* (Version 5.2.3), to maintain health regulations associated with working from home and social distancing practices during the pandemic. Semi-structured interviews were the most appropriate form of data collection in that a degree of confidentiality, consistency and safety was enabled whilst facilitating explorations of personal experiences. The topic guide (see figure 1) was informed by previous research and was extensively

refined and piloted prior to the interviews being conducted (Gill et al., 2008). A focused yet flexible approach to interview technique was adopted (Roberts, 2020).

FIGURE 1 HERE

The duration of the interviews was approximately 45 minutes (M = 44.83, SD = 20.13). Following engagement in the interviews, participants were sent a debrief sheet, where appropriate sources of help and support were also provided. Participants also received a £15 gift e-voucher as a thank you for their time. All interviews were audio-recorded and transcribed in full verbatim.

Data Analysis

An inductive thematic analysis (Braun & Clarke, 2006; Clarke & Braun, 2018) was adopted. The first stage involved familiarization with the data which was achieved by reading and re-reading each of the transcripts. Next, meaningful extracts in relation to the research aims were identified in order to produce initial codes. These codes represented something important about participants' experiences of working in mental health services throughout the pandemic. Data was then organized into initial themes which were actively created by the qualitative researcher (HA) and reviewed by the lead researcher (NC). All the data relevant to each theme were extracted and the 'journey' of defining and naming the initial themes commenced (Braun et al., 2019). Refinement of themes was carried out to ensure that each theme captured data that addressed the research aims. The qualitative data was managed with the software program NVIVO (version 12), which facilitates the storage, analysis and retrieval of textual information (Jackson & Bazeley, 2013). Extracts relating to participants' individual codes were highlighted and grouped with others to create 'nodes'. Upon data saturation, a total of

62 nodes had been created. Prominent and fully grounded nodes were refined and then employed to define the themes (Braun et al., 2019). The final strategy was cross-checking of the themes among the research team until a consensus had been met on the definitions and interpretations of each of the 'latent' themes, capturing underlying conceptualizations that represented shared experiences of all the participants (Clarke & Braun, 2013; Nowell et al., 2017; O'Brien et al., 2014). Reflexivity throughout the research process was inherent through the lead researchers maintaining reflective journals (Braun & Clarke, 2019) and by the research team holding reflexive meetings to help identify and challenge pre-assumptions in the interpretation of the themes (Braun & Clarke, 2020). Audit trails evidenced decision making throughout the analysis. This approach is in line with quality criteria reporting (COREQ; Tong et al., 2007) to improve the trustworthiness and credibility of the research process (Shaw et al., 2019).

Findings

Three master themes and associated subthemes emphasized the importance of: (1) 'self-care and peer support (checking in with each other)', (2) 'team cohesion and collaboration' and (3) 'visible and supportive management and leadership (new ways of working)'. A thematic map (see Figure 2) was developed, which illustrates the relationships between themes and associated quotes. Any names used to support quotes are pseudonyms. Words or phrases inserted to clarify meanings are enclosed in brackets.

Self-care and peer support (checking in with each other)

Participants reported wide-ranging changes in the organization of mental health care and the nature of their work in response to the pandemic, including reduction to

"essential supports only" (Paige), prioritizing patients who were presenting as "high risk" (Pia), deployment of staff across services to "new and unfamiliar roles" (Jenny), and a significant shift to "online working" (Alistair) and "working from home" (Megan). Many described feeling "surrounded with uncertainty" (Peter), a "definite feeling of helplessness" (Patricia) and "frustration amongst colleagues" (Catriona) in adapting to these changes in working, that for some "causes distress that it's hard to manage" (Emma). These problems were alleviated by engaging in "self-care" (Lisa), "seeking support from colleagues" (Erin) and building supportive relationships with their peers. While many of the participants described how they often prioritized their patients' mental health needs, they recognized and reflected on the importance of maintaining their own mental wellbeing. They appreciated the psychological tools and therapeutic skills that they had developed through working in mental health and how they were able to personally benefit from them, as described by Scott:

> I'm a psychologist, I've got all these tools. I've got all these skills I could be using. I had not been using any of them at all, but you know that was the point where I gently picked myself back up and looked at it and said "right, this isn't sustainable, is it?" and I began to put into practice what I'd preached (Scott).

This realization was further reinforced when participants reflected on the importance of not being "afraid to use [their skills] and knowing that they can apply [them to themselves]" (Megan). Yet, participants often acknowledged that it can be challenging to seek mental health support as a MHW, due to concerns that "others will find out" (Jenny), "I might know the person (MHWs) I'm seeking support from" (Zoe) and "confidentiality being breached" (Rebecca). Nonetheless, the importance of self-care and seeking informal support from their colleagues was not only perceived to be of

personal benefit but also provided reassurance in their role as MHWs, as stated by Eilidh:

> I think having that emotional support where you can support... like lean on each other and almost give advice and suggestions, it just sort of helps you a wee bit and makes you feel sort of a bit more confident in your own decisions a lot of the time (Eilidh).

While some participants had experienced challenges in terms of "staying connected" (Jenny) with their peers (e.g., due to home working), they all emphasized the importance of having supportive colleagues, describing this informal peer support as being an "absolute saving grace" (Alice) and a "really protective factor" (Ellen). Additionally, participants described how they valued having informal "check ins" (Penny) with their peers, as captured by Ryan's account of the crucial nature of such support at work:

> We check-in on each other, em, so in terms of the support that's been offered by colleagues, that's... that's felt really important (Ryan).

In drawing upon the support of colleagues, the need to "be a bit more vulnerable with each other" (Scott) and to accept when to ask each other for help was recognized.

Participants reported that it was important to accept the challenges that were presented to them and to accept when they were struggling and need to engage in self-care and draw upon peer support.

Team cohesion and collaboration

The importance of "working as a team" (Jenny) in a cohesive and collaborative manner was evident throughout the participants' accounts. While some of the participants reflected on how they had become more "isolated" (Paul) in their working roles (e.g., seeing colleagues less often, working from home), it was evident that having the opportunity to work as part of a team was highly valued. Many of the participants

reported that, despite the challenges they had faced, their teams had grown “stronger” (Diane) throughout the pandemic and had begun to work more cohesively, as captured by Emma:

> With staff, you know, 'I hear you, and I'm in with you, and let's work this out, I don't have all the answers but... but let's try... let's try to find something that works together (Emma).

Participants discussed the changes in their working practices within their teams (e.g., online team meetings, smaller group working), as well as the challenges presented along with physical distancing and home-working, however, they emphasized the importance of finding “new ways of working moving forward” (Zoe). Scott reflected on the importance of staying focused and working collaboratively:

> We all started to work together very, very quickly in lots of different ways to come up with solutions. And that’s what we did... “what’s the problem, what’s the solution, what’s the problem, what’s the solution” and then very quickly it started to feel like we were working... “in a new normal” and that’s very, very quickly what it became (Scott).

The phrase “lots of different ways” (Daisy) suggested that there was no one correct solution to the problem and that all skills contributed by the team were recognized it. This is highlighting where MHWs have “stepped up” (Diane) and when things have “settled down a little bit” (Alice) and being able to “know what's expected of [them]” (Megan) going forward.

Participants emphasized the importance of “acknowledg(ing) the difficulties” (Erin) in team-working during the pandemic and the need to find new ways to connect and work together. Additionally, participants considered the importance of working together to

"protect each other" (Katie) in their working practices, as also reflected in Pearl's account:

> It's everybody's job to make sure everybody's safe. We don't just leave it to one person, which I would think in the past... this is different. We're all in it together and we're all responsible (Pearl)

This "sense of togetherness" (Alistair) and that "everybody's in the same boat" (Daisy) was found to be a "common denominator" (Pearl) among the participants, creating a sense of unity. Evident in many of the participants' accounts was a sense of hope that the importance of having a "very supportive environment" (Rebecca) continues beyond the pandemic and that staff can "take the lessons forward and apply them in the future as well." (Alison). Team cohesion and collaboration was not only important for finding solutions to workplace problems but also in providing emotional support and a sense of togetherness within participants' respective teams.

Visible and supportive management and leadership

Participants emphasized the importance of visible and supportive management and leadership in helping them face the constant uncertainty and ongoing challenges associated with providing mental health care and support during the pandemic. This encompassed the importance of having "approachable management" (Michael), feeling listened to, valued and how this influenced job satisfaction. Participants reported that it was important for them to feel encouraged to contact management when they needed support and/or guidance, as described by Paige:

> She (manager) always says, you know, like, 'please, let me know if anything, sort of, is making you feel this way or that way, or if there's anything you want

> to talk about at all'. She makes the point of saying that she's always there, just at the end of the phone (Paige).

This sense of having access to supportive contact with their managers was viewed as helping to facilitate a sense that managers "feel more human" (Scott) and "less distant" (Paul). At the same time, some of the participants described their awareness of the immense pressures that their managers were under and worried that they were a burden, as emphasized by Hazel:

> Staff don't want to burden (manager), because you can see that she's extremely stressed with things. So, I think people probably don't access her as readily as previously they would've (Hazel).

The participants recognize that management have been stressed as "there is a lot more for them to manage than there would be normally" (Penny) and that "it's having a big kind of impact on [them]" (Pia). Despite such stressors, staff valued the support offered by management, as stated by Ellen:

> I felt very listened to about my concerns, I suppose about my manager cos I did, I went and spoke to her and said why I was worried and everything like that (Ellen).

Some participants also reported that management were "incredibly understanding" (Zoe) of the personal circumstances of their team. Whilst this was not the case for all participants, they did emphasize how important it was to have supportive management and "visible leadership" (Jenny), as reported by Grace:

> You need leadership, but sometimes it's also about saying you know 'we don't know what we're doing but we're in this together so let's share how we're feeling' (Grace)

Here, Grace expresses that effective leadership is not only about sharing and directing knowledge but about a leader's ability to admit when they are uncertain and unite the team to find a progressive solution. Overall, visible and supportive management and leadership was deemed important to the participants' resilience and morale as "a good manager is probably the key thing for job satisfaction" (Megan).

Discussion

In exploring MHWs' experiences and perspectives of what has helped them to adapt to the challenges of providing mental health care and support during the COVID-19 pandemic, this study aimed to gain insight into how MHWs can best be supported in providing sustainable and quality mental health services moving forward and to inform future thinking and planning. We were concerned with understanding what has helped MHWs sustain their own mental health and wellbeing during the challenges faced while working during this pandemic. Participants were purposively recruited from mental health services across health and social care settings within one NHS Health Board in Scotland. Our analysis highlighted three key lessons learned; firstly, that self-care and peer support was vital and securing it should be central to future efforts; secondly, that approaches to ensuring team cohesion and collaboration were essential and likely to be central to supporting MHWs in delivering mental health care and support to others; thirdly, we found that visible and supportive management and leadership were equally important. In this way our paper makes a novel contribution to the literature and highlights important lessons learned to help prepare for future pandemics, with transferable insights for dealing with other crisis situations.

In accordance with a growing body of work concerning health and social care workers (Alsolais et al., 2021; Digby et al., 2021; Lamb et al., 2021; Newman et al.,

2021; Pappa et al., 2021; Summers et al., 2021; Sumner & Kinsella., 2021; Williamson et al., 2020), MHWs in the current study emphasized the importance of individual, team and systems-based supports in helping them to maintain their own wellbeing, dealing with uncertainty and in adapting through new ways of working during the COVID-19 pandemic. MHWs emphasized the importance of practicing self-care to ameliorate negative emotional outcomes and maintain their own wellbeing. This finding is in line with previous research stating that it is ethically and professionally imperative to engage in self-care (Cox & Steiner, 2013; Grise-Owens et al., 2018; Lamb & Anonymous, 2016; Richards et al., 2010; Sheppard & Newell, 2020) whilst working in mental health. Indeed, generating opportunities for social interactions among workplace staff appears to be an important action that organizations can take during this pandemic and to help facilitate and support employee self-compassion (Andel et al, 2021).

Despite the recognition among MHWs that self-care strategies for managing work related stressors and preventing burnout should be a priority, they also described how they experienced challenges in implementing such strategies. Similar to previous work, MHWs highlighted how they often prioritize their patients' mental health needs and concerns before their own (Kotera, 2021). They also described stigma in mental health help-seeking, which presented a barrier to accessing care and support when needed. This finding is in line with research reporting that mental health-related stigma, including that which exists in the healthcare system and among MHWs, creates serious barriers to access and quality care (Siebert & Siebert, 2007). It is also a major concern for MHWs themselves, both as a workplace culture issue and as a personal challenge to staying mentally well. It is paramount that approaches to combatting barriers related to mental health help-seeking be implemented (Knaak et al., 2017).

Peer support was found to be a valuable source of social and emotional support among MHWs in coping with workplace stressors associated with the COVID-19 pandemic. These findings are comparable to recent research reporting that face-to-face peer support, 'virtual' catch-ups with colleagues and 'buddy systems' are useful support systems for staff (Tracy et al., 2020; Walton et al., 2020). Growing evidence shows that reinforcing social bonds among colleagues, collaborative working and building effective and cohesive teams are highly protective factors in maintaining and improving staff wellbeing (Gonzalez et al., 2020; Greenberg & Tracy, 2020; Wood et al., 2011). Management initiatives in mental health services should be targeted at creating this combination within the working environment.

Our study also found that MHWs placed great importance on feeling valued within a team and being actively involved as they worked together to resolve problems as they arose. Visible and supportive management and leadership was viewed to be essential in supporting staff in dealing with constant change and adapting to new systems of working within mental health services. These findings highlight the important role that organizational management and leadership play in supporting staff wellbeing and protecting staff against burnout (Brooks et al., 2018; Chan & Huak, 2004; Coates & Howe, 2015; Liberati et al., 2021). The emotional and psychological impact of working in mental health is an ever-present challenge for MHWs. Managing it and preventing psychological harm among staff dealing with the challenges of the pandemic requires a multidimensional approach (see figure 3), involving individual MHWs and the wider organization/working environment (Wong et al., 2020). Successful recovery planning involves management and leadership which prioritizes staff mental wellbeing while maximizing the opportunity for psychological growth and team resilience building (Greenberg et al., 2020).

FIGURE 3 HERE

Limitations

In considering the limitations of the current study, it is important to acknowledge that the analytical process of an inductive thematic approach is based on the subjective interpretation of the themes extracted from the data, which are inadvertently influenced by the researchers' knowledge and assumptions (Braun & Clarke, 2021). The research team sought to counteract this through embracing reflective practices throughout the research process (Ortlipp, 2008) and recognizing and challenging 'blindspots' in their understandings (Jootun et al., 2009). Given the qualitative nature of this work, the current findings do not represent a comprehensive picture or generalizable results. Nonetheless, the rich and in-depth findings are part of a larger multi-method study, the ENACT project, which incorporates a cross-sectional survey of the impact of COVID-19 on the mental wellbeing of health and social care workers within the Scottish context. Future research incorporating other key informants (e.g., MHWs in third sector organizations, service users) and adopting a longitudinal approach could provide a more in-depth understanding of such issues. While in-depth and informative findings have emerged, the study population were predominantly of white, low to middle class socio-economic status. Future work exploring social, clinical and demographic differences amongst MHWs is needed to allow for diversity of perspectives across race, culture and ethnicity. As COVID-19 persists, further research is needed to examine the long-term effects of this pandemic, the occupational health implications surrounding health and social care organizations evolving workforce and workplace decisions, and the safety and well-being effects of new ways of working and technologies (Shoss, 2021). Examining how this pandemic affects MHWs' health in the

long-term will benefit from taking into account workplace changes and personal adaptation to them (Grandey et al, 2021).

Conclusion

Understanding what we have learned about what works in sustaining mental health care and support services during the COVID-19 pandemic provides salutogenic insights into how MHWs can best be supported during the COVID pandemic and, more importantly, for future pandemics and/or dealing with other emergency situations. Prioritizing staff wellbeing across health and social care settings, including those responsible for delivering mental health care and support to others, is essential. The importance of individual, team and systems-based supports in helping MHWs to maintain their own wellbeing while dealing with uncertainty and in adapting to new ways of working is central to ensuring staff are best able to provide quality mental health care and support to others. From the organizational standpoint, management and leadership should be highly visible, ensuring that MHWs receive clear guidance during periods of uncertainty and are able to prioritize self-care (Andel et al, 2021), whilst also providing mental health care and support for others. Recognizing and understanding the support needs of frontline MHWs is essential in order to sustain a safe working environment and to build a culture of resilience with clear access to support when needed. Mental health services are obligated to meet the needs of service users, but also the needs of staff. It is essential for mental health services to foster an environment where MHWs feel comfortable to seek help for their own mental wellbeing and to focus on building and sustaining peer and team-based support among MHWs moving forward. It is the duty of the organization to provide the tools and the culture that serves to keep MHWs safe and protected while they continue to deliver sustained,

efficient, quality and equitable mental healthcare to others. Most estimates suggest the COVID-19 pandemic will be one of many mental health crises that society will face in the impending future; ensuring we have the right ideas ready to help workers, organizations and society address these challenges when they occur.

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Declaration of interest

Nothing to declare.

Ethical approval

The study was granted ethical approval from the University Ethics Committee.

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Table 1

Participant demographics

Characteristics	
Number of participants	n = 30
Gender	Female, n = 22 Male; n =8
Age	Mean =39.06, sd = 10.81
Years of Experience	Range: 1 year – 37 years Mean = 14.16, sd = 12.04

Table 2

Participant occupational characteristics

Participant	Gender	Occupation
Scott	M	Clinical Psychologist
Alison	F	Clinical Psychologist
Catriona	F	Assistant Occupational Therapist
Daisy	F	Primary Mental Health Nurse Liaison
Thomas	M	Community Mental Health Nurse
Michael	M	Community Psychiatric Nurse
Eilidh	F	Support Practitioner
Zoe	F	Mental Health Support Worker
Paige	F	Mental Health Support Worker
Rebecca	F	Mental Health Worker
Ryan	M	Clinical Psychologist
Peter	M	Clinical Psychologist
Pia	F	Community Psychiatric Nurse
Penny	F	Clinical Psychologist
Katie	F	Occupational Therapist
Grace	F	Director of Services
Megan	F	Clinical Psychologist
Hazel	F	Support Practitioner
Emma	F	Nurse Manager
Diane	F	Mental Health Nurse
Erin	F	Senior Charge Nurse
Lisa	F	Applied Psychology
Paul	M	Psychiatrist
Parker	M	Service Manager Mental Health
Patricia	F	Clinical Psychologist
Pearl	F	Occupational Therapist
Alice	F	Clinical Psychologist
Ellen	F	Clinical Psychologist
Alastair	M	Clinical Psychologist
Jenny	F	Occupational Therapist

Age range 23-60 years (mean = 40.46, sd 10.63)

Years of experience working in NHS (mean = 14.60 years, sd = 11.82)

Figure 1

Topic guide for interviews

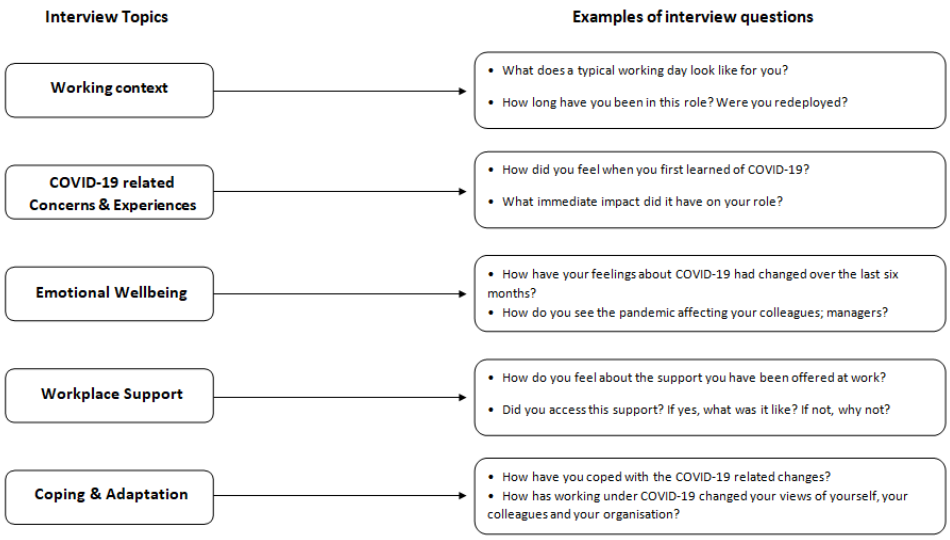

Figure 2

Schematic diagram of thematic map

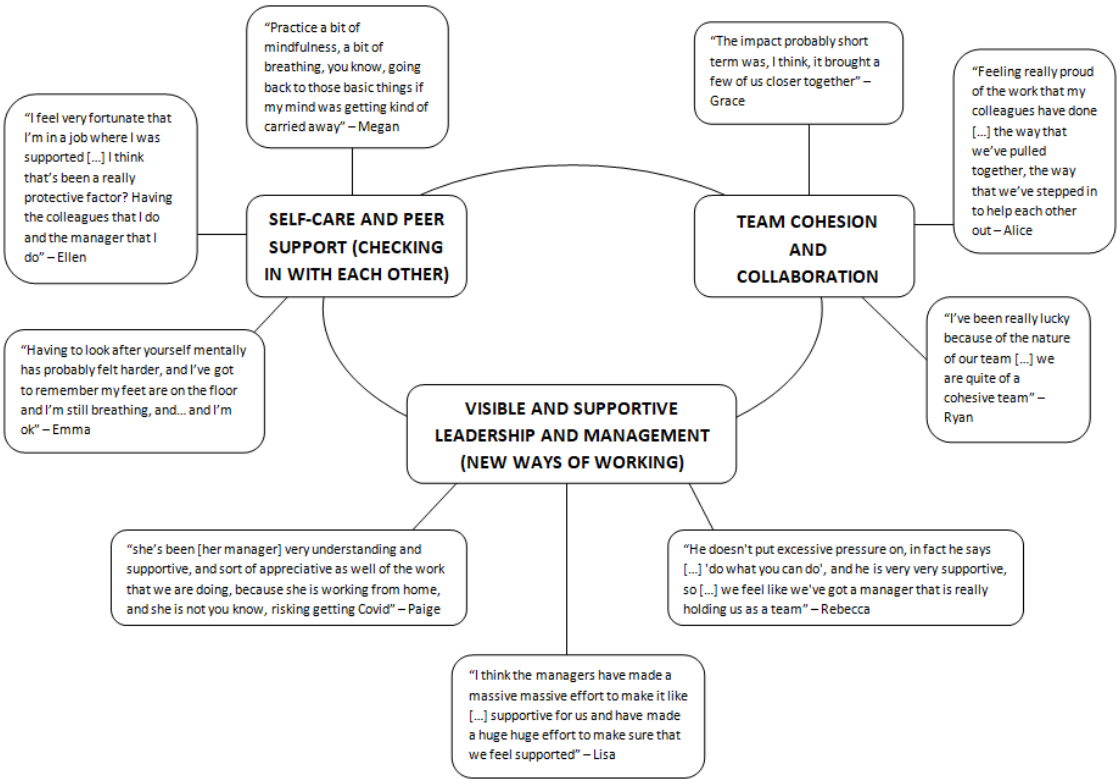

Figure 3

Individual, teams and systems organizational support systems