Enhancing mental health resilience and anticipating treatment provision of mental health conditions for frontline Healthcare workers involved in caring for patients during the COVID-19 Pandemic –
A call for action.

Executive Summary

This paper is a call to action to support the mental health and wellbeing of all frontline healthcare workers. It is also a guide of what we should do now to support frontline clinicians and highlight the importance of planning and preparing for the after effects of this pandemic crisis.

This is the biggest crisis that the country has faced this century. As the pandemic surges across the United Kingdom its effects are being faced by members of the public and NHS frontline clinicians from multiple professions in hospital, emergency, community and primary care systems. Healthcare workers in the NHS as the frontline staff most often deal with very ill patients and are encountering stress and strain of the intense healthcare response that is required on their part. This includes working in high risk environments, changing job roles and working patterns and exhaustingly intense workload combined with a restricted ability to carry out their usual compassionate roles towards patients and their families. The physical demands of patient care, supporting colleagues and protecting their own loved ones in these extraordinarily difficult circumstances is causing an enormous emotional strain on frontline clinicians and care workers.

An enduringly healthy and resilient workforce is needed to deal with the current pandemic and in the aftermath, the healthcare needs of the population. Research of effects on mental health from pandemics show that clinical staff if not adequately supported are at higher risk of experiencing moral injury and developing mental health conditions such as depression, anxiety and Post Traumatic Stress Disorder. Lessons from previous pandemics and emergencies show that some of this can be mitigated by a concerted effort in maintaining the mental health and wellbeing of clinical workforce.

NHS clinicians have a proud history of pulling together during times of emergencies to care for patients and families. Clinical leadership from frontline clinicians is demanded much more during these times and NHS CLN membership provides an established network to innovate, co-ordinate, share and scale up good practice.

Key considerations for NHS

1. It is imperative that mental health and wellbeing of healthcare workers is given an equal priority in the health care organisations response plans to the pandemic.

2. Greater co-ordination is needed to identify mental health needs, wellbeing needs of healthcare staff and the required help and support for this is urgently provided.

3. Mechanisms are developed within organisations to identify long-term effects on healthcare staff such as depression, anxiety, Post Traumatic Stress Disorder, Addictions (alcohol/drug/gambling), increased risk of suicide and provision of care and treatment for these are planned and arranged.

4. Funding to provide dedicated capacity within the healthcare system to meet the mental health needs of the healthcare workers is established and ring fenced.

5. It is urged that collaborations between Mental Health services providers (public and private sector), Emergency and Hospital service providers, Primary Care organisations and charitable organisations be encouraged to develop a coordinated and unified approach for mental health triage, referral and treatment processes for frontline health, care and managerial staff.

6. The right type of clinical and managerial leadership, at all levels, to provide compassionate, empathetic and thoughtful leadership to healthcare workers.

The Background

Clinicians in general are resilient and develop their own mechanisms to cope with stress and adversity. Pandemics produce extraordinary strains on resilience and can overwhelm coping mechanisms some of which might not be accessible due to the restrictions in place during such periods.

Evidence from previous pandemics show that healthcare workers suffer from substantial poor mental health if inadequately supported during the pandemic. More recently during the COVID-19 outbreak in the Hubei province China, surveys of healthcare staff found prevalence rate for depression was 50.7%, anxiety disorders 44.7%, insomnia 33.6% and Post Traumatic Stress Disorder was 73.4 %.

Moral injury is a common psychological sequela experienced by clinicians during a pandemic and can increase the risk of Post Traumatic Stress Disorder (PTSD).

Suicide rates in health care professionals before the crisis were known to be high and in some groups, higher than age matched populations. With increasing risk of mental health problems due to this unprecedented challenge, this will be a serious cause for concern both now and the future.

Nurses have the highest levels of occupational distress and risk poor outcomes compared to other healthcare groups as they spend the most amount of time with patients. Nurses are supporting more end of life patients without the presence of family members and this is particularly distressing for all involved. They are also a high risk group with suicide rates 23% higher than normal population. There is growing interest in understanding impact of the pandemic on health care professionals. Recent surveys conducted in the U.K on healthcare professionals report of worsening of psychological   and mental health during this pandemic. A BMA survey in April 2020 on 16,000 doctors 30% of whom reported   a worsening in psychological and mental health. In a further   survey by Nursing Times in May 2020 33% staff reported their overall mental health and well-being as "bad" or very "very bad" and 50% described themselves as "a lot" more anxious or stressed than usual.

The current emotional strain has been reported by a number of health and care staff across the NHS. This is captured in the quotes from different professional groups.

"I felt like I was the only one who felt this way. I couldn't make simple decisions at home" **ITU Consultant**

"I worry about my family a lot and am finding coming into work very stressful" **Staff Nurse.**

"The hardest thing is not being able to help families meet their loved ones in the final moments". **Staff Nurse.**

"I felt like I didn't know things anymore because what you know works didn't" **Acute Medicine Consultant**

"The world is like a horror film at the moment and I still have to go to work and be professional" **ED Nurse**

"There is so much change every day in work- I feel overwhelmed" **ED Consultant.**

"I just said goodbye to a colleague at their retirement a couple of weeks ago, and we laughed about their cough being possible COVID-19, now they're ventilated with a poor prognosis, I'm horrified!" **Paramedic**

"I'm horrified that I am shielding because I'm in the highest risk group and not stood side-by-side with my colleagues who are fighting this disease at the frontline – I can barely bring myself to listen to the clapping on a Thursday" **Paramedic**

"I feel under so much pressure to keep patients out of ED and hospital, I worry that I've made the right decisions every

Recommendations for Action

After much consideration, the multidisciplinary expert Advisory Steering Group to the (multidisciplinary) NHS Clinical Leaders Network produced a number of recommendations for actions. These being in addition to the excellent actions of NHS England & NHS Improvement that have already been undertaken with the mental health charities, voluntary organisations and Arm's Length Bodies.

For NHS organisations

1. Senior Trust board leadership and sponsorship to galvanise resources to support mental health and psychological wellbeing of healthcare staff.

2. Collective senior leadership from NHS organisations to create regional/local partnerships including with charitable organisations and professional bodies to provide a coordinated approach to mental health and wellbeing of healthcare staff.

3. Develop an organisational strategy to deal with mental health and psychological consequences for staff affected by this pandemic now and for the later mental health consequences post pandemic.

4. With Human Resources department, Wellbeing Teams and Psychological/Mental Health departments provide guidance and establish mechanisms for identifying, referring, and treating severe mental health consequences.

5. Establish a communication system to promote this proactively.

For Managers and Team leaders in organisations.

1. Effective clinical leadership is vital during these periods and coaching tools can be useful. Leaders should have a high-level of self-awareness and of their impact on individuals and teams. NHS Clinical Leaders Network can offer advice and support.

2. Conduct staff awareness-raising and training in understanding symptoms of stress and its management.

3. Embed the principle of civility in team culture and conversations.

4. Promote team solidarity and togetherness using handovers, team huddles, informal team rest breaks.

5. Support the forming of peer support structures like Huddles, Psychological First Aid, Mental Health First Aid, Trauma Risk Management, Employee Assistance programmes and Schwartz Rounds.

6. Clear communication to ensure valid and accurate information about the pandemic response and its effect on the team function is relayed to the team daily.

7. Ensure new staff are buddied with more experienced staff and rotated from high stress functions to low stress functions.

8. Consider increasing the level of pastoral support and clinical supervision.

9. Encourage staff to look after their mental health and wellbeing without stigmatisation.

10. Appreciate that individuals have different needs and will benefit from different approaches.

11. Follow guidance on approaches to managing mental health and psychological distress from NHS England, WHO, Royal College of Psychiatrists, British Psychological Society, Kings Fund, NICE guidance for management of depression (CG 90), anxiety (CG113) and PTSD (NG116).

12. Identify Vulnerability amongst staff and develop focused support.

Additions for Primary Care

1. Develop a mental health preparedness strategy at Local CCG/PCN level to support to mental health and well being of primary care practitioners now and for longer term effects of the pandemic.

2. Ensure that all staff have access to safe, confidential spaces where they can address the emotional impact of their work.

3. Where felt needed use formal approaches such as coaching, supervision, counselling, reflective practice groups and Balint groups.

Examples of good practice

Identifying Vulnerability and Developing Focused Support

This algorithm employs an approach has been suggested from an understanding of the work undertaken by the organisation NHS Practitioner Health (PHP), offering support and treatment for Mental Health problems in Doctors & Dentists who work within the NHS. The algorithm could be applied to all healthcare practitioners of all professional groups.

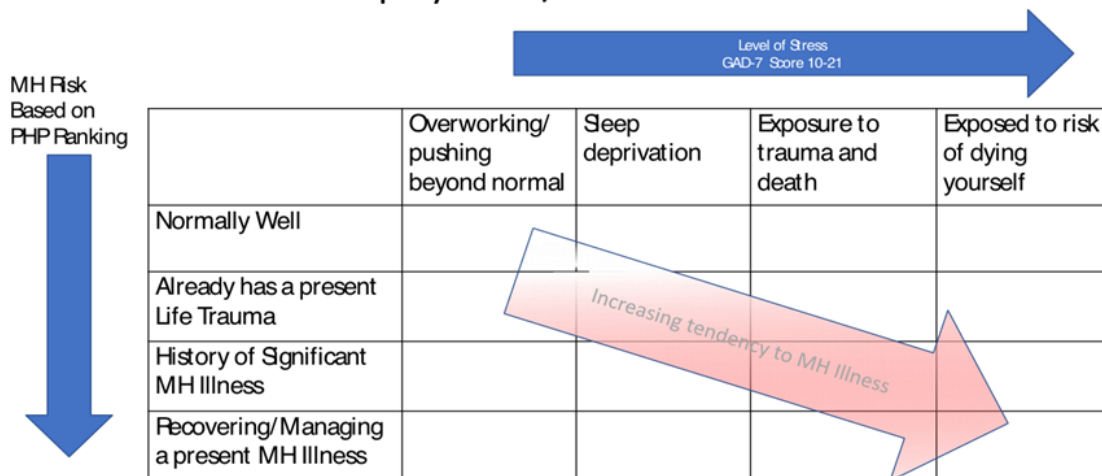**An individual can be considered to be in any of these areas:**

1. Has been in a position of being well.

2. Is already managing a significant Life Trauma.

3. Has a history of a significant Mental Health illness.

4. Is recovering from/managing a present Mental Health Illness.

The stresses that the individual is facing in these challenging times are considered in four areas.

1. Overworking/ pushing beyond normal working experience.

2. Sleep deprivation.

3. Exposure to trauma and/or death of patients or colleagues.

4. Exposed to a perceived risk of dying yourself or putting family members at risk of dying.

The following table can be used to understand vulnerability and consider response

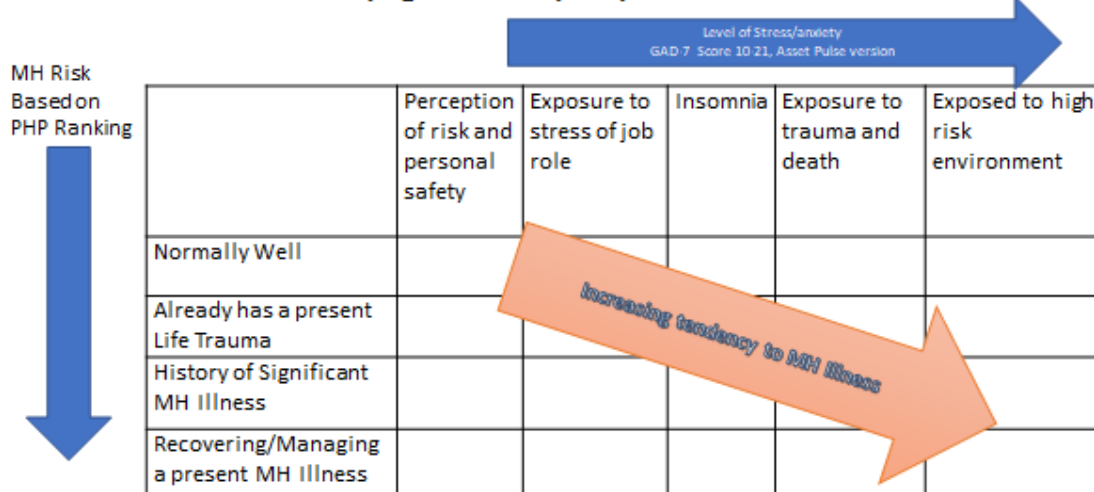## Considering focused MH Resilience Training/Staff Redeployment /Preventative Leave

MH Risk Based on PHP Ranking

Level of Stress GAD-7 Score 10-21 →

	Overworking/ pushing beyond normal	Sleep deprivation	Exposure to trauma and death	Exposed to risk of dying yourself
Normally Well				
Already has a present Life Trauma				
History of Significant MH Illness				
Recovering/Managing a present MH Illness				

Increasing tendency to MH Illness →

Follow management guidance of mental health and psychological effects from the Royal College of GP's, British Psychological Society and Kings fund.

Maintaining Mental Health and Wellbeing of ED staff at RLUH – A collaborative approach.

This was collaboratively developed with emergency department doctors and nurses based on their needs supported by psychiatrist, psychologist and mental health nurse. The clinical leadership is provided by the ED physicians and matrons. It includes educational programmes for the team leaders and staff, peer support group, facilitated reflective practice group, yoga sessions, mindfulness and meditation and individual therapy (brief) in a co-ordinated proactive and scheduled manner every week.

Identifying vulnerability for poor mental health.

MH Risk Based on PHP Ranking

Level of Stress/anxiety GAD 7 Score 10-21, Asset Pulse version →

	Perception of risk and personal safety	Exposure to stress of job role	Insomnia	Exposure to trauma and death	Exposed to high risk environment
Normally Well					
Already has a present Life Trauma					
History of Significant MH Illness					
Recovering/Managing a present MH Illness					

Increasing tendency to MH Illness →

The staff who become overtly distressed may require sensitive discussion and support. If staff distress is persistent they may need continued support and referral to wellbeing services. If staff experience symptoms of mental illness, substance misuse and/or suicidal ideation they need to be referred to mental health services.

The Staff Community Wellness Hub

Mersey Care NHS Foundation Trust has created a psychological support cell as part of its COVID-19 preparation to provide guidance, direction and recommendations to operational services. It is able to offer psychological support within the Trust and externally. The Staff Community Wellness Hub – A joint initiative between Northwest Boroughs NHS Trust and Mersey care NHS trust is a system of psychological support for the staff who work in the two organisations.

In Summary

A healthy and resilient workforce is needed to deal with the current pandemic. Research of effects on mental health from pandemics show that clinical staff if not adequately supported are at higher risk of experiencing moral injury and developing mental health conditions such as depression, anxiety, substance abuse and Post Traumatic Stress Disorder. The NHS has worked quickly with the colleges, mental health charities, 3rd sector organisations and Arm's Length Bodies to offer a range of apps, online tools and podcasts to help bolster resilience. Access to this is through the telephone number 0300 131 7000, or text FRONTLINE to 85258 or online Health and wellbeing support.

The NHS CLN has worked with organisations and colleagues in the North West and nationally to provide this Call to Action for the teams working to care for those with Covid-19. Although NHS focused, the actions are relevant in all care settings. The document also offers advice to mental health providers to scale up in a cooperative manner to meet the impending mental health morbidly of our frontline NHS & Care staff.

The NHS CLN will utilise the information from within this document to lead and engage their clinical members, who are leaders at all levels within the system and within all professional modalities. They will proactively support the government's and NHS England's actions to enhance the mental health resilience within our frontline workforce.

The NHS CLN will support the work that NHS England and NHS Improvement are preparing around Virtual Common Rooms, help and support for family relationships, help and support for any vulnerable ethnic groups and also the development of mental health pathways.

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