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The Impact of COVID-19 on the Health and Social Care Workforce

This paper has been produced to support the COVID-19 Ad Hoc Committee and the Health Committee with their scrutiny of the pandemic response. The paper will focus on the psychological wellbeing of health and social care staff who have been working on the frontline throughout the COVID-19 pandemic. It will look to evidence from previous pandemics to identify potential risk factors for adverse mental health outcomes and examine emerging local and international evidence from the current crisis. The paper will also explore how decision makers can support the mental health of their workforce as well as interventions being introduced across the UK to assist staff in managing their wellbeing.

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1. Introduction

To date COVID-19 has infected almost 9 million people and there have been almost 500,000 deaths worldwide.¹ These figures continue to rise albeit at a slower rate, and the worldwide impact of this crisis has inevitably led to it being compared to the effect of war.² While the impact of the crisis has been felt across all sectors of society, health and social care staff in particular have been identified as being under both physical and psychological pressure.

In the UK this comes at a time when healthcare systems are already under intense pressure and the wellbeing of staff is at an all-time low, characterised by high rates of mental illness, burnout, overwork and poor staff morale.³ Increasing recognition of the mental health needs of the sector and an increase in available supports, has not led to a corresponding increase of use by staff with many citing existing stigma around mental health as a barrier to uptake.

Evidence from previous pandemics and emerging international literature from COVID-19 suggest that staff are at increased risk of adverse mental health outcomes ranging from anxiety and insomnia to long term psychological issues including Post Traumatic Stress Disorder (PTSD).⁴ Increasing evidence in the UK follows a similar trend with certain groups of healthcare workers including nurses and young professionals identified as being at increased risk. Factors including lack of personal protective equipment (PPE), increased exposure to death and suffering, lack of training and fears for personal safety all serve to increase the toll that the current pandemic is taking on the well-being of staff.⁵

Undoubtedly the mental health impacts of COVID-19 are likely to be significant but projecting the extent and duration of these effects is not easy. Numerous surveys all point to a sudden marked increase in psychological distress in health and social care staff but much of this will be immediate and a natural response to the current situation. However, it is also clear that for some staff the effects on mental health are more severe and will be longer lasting.

As a result, protecting the wellbeing of staff has become a central component of the global public health response to the crisis. In the UK, including Northern Ireland, several initiatives based on the principles of psychological first aid have been developed to support staff.

¹COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE) , Johns Hopkins University, Accessed 22.06.2020 <https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6>

²Cuthburthson, A (2020) Coronavirus tracked: How US deaths from Covid-19 compare to other great tragedies, The Independent, Wednesday 27th May, <https://www.independent.co.uk/news/world/americas/coronavirus-us-death-toll-update-covid-19-vietnam-war-9-11-terror-attack-a9531146.html>

³ British Medical Association (2019) Mental Health and wellbeing in the medical Profession, October 2019 <https://www.bma.org.uk/media/1362/bma-mental-health-and-wellbeing-medical-profession-full-report-oct-2019.pdf>

⁴ Walton, M, Murray, E and Christian, M (2020) Mental health care for medical staff and affiliated healthcare workers during the COVID-19 pandemic, April 28th 2020 <https://journals.sagepub.com/doi/full/10.1177/2048872620922795>

⁵ Cooper, K (2020) PPE Supplies Remain low, British Medical Association, 20th April, 2020 <https://www.bma.org.uk/news-and-opinion/ppe-supply-remains-low>

These new supports will co-exist alongside more formalised mental health provisions such as counselling for those who need it.⁶

It is important to note that not all healthcare workers will be adversely affected and research indicates that the majority of individuals facing trauma will not develop mental illness, and may in fact go on to have post-traumatic growth.⁷ The challenge for health authorities is how to help staff avoid illness and where possible experience this growth instead.

This paper seeks to consider the impact of the pandemic on the mental health of health and social care staff, and explore the measures that have been put in place to support them.

2. Staff Wellbeing – An Existing Issue in the UK Health and Social Sector

The COVID-19 crisis arrived at a time when healthcare systems across the UK are already under intense pressure. Acute staff shortages, lengthy waiting lists, rising patient demand and significant budget deficits are just some of the challenges faced by health services. These existing pressures are reflected in the experience of the current health and social care workforce with several recent studies identifying high rates of mental illness, burnout, overwork and poor staff morale.

A recent study found that 38% of NHS staff in England and 33% in Wales reported suffering work-related stress and/or being unwell owing to work-related stress in the preceding 12 months.⁸ Similarly, in Scotland, anxiety, depression and other psychiatric illness are the most common reason for healthcare staff absences⁹. Northern Ireland (NI) is in a similar position with a continued shortage of nurses placing existing staff at 'breaking point'.¹⁰

A UK wide survey by the British Medical Association (BMA) found that one in four doctors have a mental health condition, with 90% of those diagnosed stating that their current working, training, or studying environment had contributed to their condition.¹¹ Several research studies also indicate high levels of stress amongst nurses with long working hours, unrealistic time pressures and unachievable deadlines reported as the main causes. Nurses

⁶ Greenberg, N, Docherty, M et al (2020) Managing mental health challenges faced by healthcare workers during covid-19 pandemic BMJ 2020; 368:m1211 <https://doi.org/10.1136/bmj.m1211>

⁷ Walton, M, Murray, E and Christian, M (2020) Mental health care for medical staff and affiliated healthcare workers during the COVID-19 pandemic, April 28th 2020 <https://journals.sagepub.com/doi/full/10.1177/2048872620922795>

⁸ Royal College of Physicians (2020) Work and wellbeing in the NHS: why staff health matters to patient care. 12th October 2015 <https://www.rcplondon.ac.uk/guidelines-policy/work-and-wellbeing-nhs-why-staff-health-matters-patient-care>

⁹ Ford M (2020) Mental illness driving NHS staff absences in Scotland, Nursing Times, 3rd January 2020

<https://www.nursingtimes.net/news/workforce/mental-illness-driving-nhs-staff-absences-in-scotland-03-01-2020/>

¹⁰ Gilroy, R (2020) Exclusive: Pushed to the limit – why nurses took to the picket line, 6th February 2020

<https://www.nursingtimes.net/news/workforce/exclusive-pushed-to-the-limit-why-nurses-took-to-the-picket-line-06-02-2020/>

¹¹ British Medical Association (2019) Caring for the mental health of the medical workforce <https://www.bma.org.uk/media/1365/bma-caring-for-the-mental-health-survey-oct-2019.pdf>

also report experiencing distress because they are unable to deliver the same high standards of care due to staff shortages.¹²

The situation with the social care workforce follows a similar pattern. In 2016, a survey of social care staff found that 35% of respondents had used alcohol to cope with work related stress; 56% said they were emotionally exhausted; and 63% had difficulty sleeping.¹³ Commentators have consistently highlighted that low wages, lack of career progression and feeling undervalued by society have led to an increasingly frustrated social care workforce.¹⁴ This is further evidence by the high turnover of staff in the sector.

A recent review by Health Education England (HEE) noted that the traditional way of tackling mental health issues in staff had been to promote the idea of individual resilience and as a result, organisations had been largely absolved of supporting staff.¹⁵ However, more recently, this approach has shifted with increasing priority being placed on supporting the wellbeing. Despite this renewed focus and the increasing availability of evidence based interventions, access barriers remain. The BMA noted that continued stigma around mental health and lack of time are limiting the uptake of supports.¹⁶ Varying levels of awareness regarding the availability of services was also highlighted as a potential issue.¹⁷

This existing evidence provides a baseline of the challenges that healthcare staff already face working in the current healthcare system. The COVID-19 pandemic will undoubtedly exacerbate these underlying stressors and added significant new ones, not least the increased exposure to death and suffering. Recent international research from China and Italy indicates that both countries have faced a loss of healthcare personnel, not just due to infection with COVID-19, but also as a consequence of acute stress, frustration and isolation¹⁸ Commentators have argued that without substantial support for staff both during and after the pandemic, the UK could face a similar exodus of staff which it can ill afford.

3. Mental Health Impacts can be Wide Ranging

Working on the frontline in the health and social care sector can undoubtedly be difficult and emotional but the level of anxiety, stress and depression being reported in recent years have

¹² Royal College of Nursing (2016) Stress and you: a guide for nursing staff <https://www.rcn.org.uk/professional/development/publications/pub-004967#detailTab>

¹³ Beer, O and Asthana, S (2016) 'How Stress Impacts Social Workers', blog, 28th September 2016 <https://www.communitycare.co.uk/2016/09/28/stress-impacts-socialworkers-theyre-trying-cope/>

¹⁴ Connolly ML (2017) Northern Ireland's social care workers 'must be more valued', BBC Website, 8th December 2017 <https://www.bbc.co.uk/news/uk-northern-ireland-42264709>

¹⁵ Health Education England (2020) NHS Staff and Learners' Mental Wellbeing Report, February 2019,

¹⁶ British Medical Association (2019) Mental Health and wellbeing in the medical Profession, October 2019 <https://www.bma.org.uk/media/1362/bma-mental-health-and-wellbeing-medical-profession-full-report-oct-2019.pdf>

¹⁷ British Medical Association (2019) Mental Health and wellbeing in the medical Profession, October 2019 <https://www.bma.org.uk/media/1362/bma-mental-health-and-wellbeing-medical-profession-full-report-oct-2019.pdf>

¹⁸ Godderis, L (2020) COVID-19: a new work-related disease threatening healthcare workers *Occupational Medicine*

led to what commentators are calling a mental health epidemic.¹⁹ The emergence of COVID-19 has further heightened concerns about the psychological well-being of staff in these sectors who are now working in the midst of a global health crisis.

Experts have highlighted that developing psychological issues are not inevitable for all staff and many of the adverse reactions they experience as part of their day to day role or during the current pandemic will be within what is considered a 'normal' response to an extremely stressful situation.¹³ Stressful events can even lead to post traumatic growth, a term used to describe a bolstering of psychological resilience after exposure to highly challenging situations.²⁰

However, it is also clear that for some health and social care staff the effects on mental health are more severe and will be longer lasting. The most common mental health issues reported before COVID-19 and during the current pandemic include²¹:

- Acute stress reactions;
- Professional burnout;
- Moral injury; and
- Post-traumatic Stress Disorder (PTSD).

3.1 Acute Stress Reactions

An acute stress reaction refers to a temporary disorder that develops in an individual without any other apparent mental health issues in response to exceptional physical and mental stress. The disorder can prompt emotional, cognitive, physical and social responses and will usually present in combination. Indicators of acute stress reactions can include anxiety, fear, low mood, stress, poor concentration and memory, nausea, detachment as well as alcohol and drug use.²²

Acute stress reactions can develop in response to a single event such as a natural disaster or road traffic accident or they can be a result of an ongoing traumatic experiences such as domestic violence.²³ Throughout the coronavirus pandemic, doctors, nurses, social care workers and other healthcare professionals have been enduring long working hours to treat the rise of infected patients, while also witnessing large scale deaths across hospitals and

¹⁹ <https://archive.bma.org.uk/news/media-centre/press-releases/2019/may/serious-mental-health-crisis-among-doctors-and-medical-students-revealed-in-bma-report>

²⁰ Williamson, V and Murphy, D (2020) COVID-19 and experiences of moral injury in front-line key workers, 2nd April 2020, Occupational Medicine, <https://academic.oup.com/occmed/advance-article/doi/10.1093/occmed/kqaa052/5814939>

²¹ Walton, M, Murray, E and Christian, M (2020) Mental health care for medical staff and affiliated healthcare workers during the COVID-19 pandemic, April 28th 2020, European Heart Journal Acute Cardiovascular Care, <https://journals.sagepub.com/doi/full/10.1177/2048872620922795>

²² Walton, M, Murray, E and Christian, M (2020) Mental health care for medical staff and affiliated healthcare workers during the COVID-19 pandemic, April 28th 2020, European Heart Journal Acute Cardiovascular Care, <https://journals.sagepub.com/doi/full/10.1177/2048872620922795>

²³ Henderson, R (2016) Acute Stress Reaction, patient, <https://patient.info/doctor/acute-stress-reaction-pro>

nursing homes. As a result it is likely that healthcare staff will be at increased risk of experiencing acute stress reactions.²⁴

Individual vulnerability and coping capacity play a role in the occurrence and severity of acute stress reactions but generally they can subside within hours or days and are usually limited to the first month after a potentially traumatic event.²⁵ In people who have these symptoms lasting longer than one month, disorders such as PTSD are more likely.²⁶

3.2 Professional Burnout

Burnout is a multifaceted response to job stress that results in exhaustion, cynicism, decreased effectiveness at work and impaired decision making.²⁷ It has recently emerged as a significant risk factor for all healthcare workers but particularly for those exposed to high rates of death, trauma, and those who feel they are delivering inappropriate or insufficient care.²⁸

The consequences of burnout are substantial with long-ranging implications for workplace morale, patient safety, quality of care, and health care costs, including costs related to workforce turnover.²⁹ Burnout is also linked to an increased rate of suicide among doctors.³⁰

The BMA reported that the majority of doctors (80%) were at high/very high risk of burnout with junior doctors most at risk. In the nursing profession, 42% of UK nurses reported burnout compared to the European average of 28%.³¹ Given the significant death toll that health and social care staff are being exposed to, the complexity of managing COVID-19 patients without guidance on best practice and the physical stamina required to keep up with a larger workload, an increase in professional burnout among staff could be a challenge for healthcare systems post COVID-19.

²⁴ Green, B (2020) COVID-19: are healthcare professionals on the frontline at risk of PTSD? Top Doctor, 15th April 2020
<https://www.topdoctors.co.uk/medical-articles/covid-19-healthcare-professionals-frontline-risk-ptsd>

²⁵ The ICD-10 Classification of Mental and Behavioural Disorders, Clinical descriptions and diagnostic guidelines, World Health Organization

²⁶ Henderson, R (2016) Acute Stress Reaction, patient, <https://patient.info/doctor/acute-stress-reaction-pro>

²⁷ Albott, CS MD, Wozniak, JR, McGlinch BP et al. (2020) Battle Buddies: Rapid Deployment of a Psychological Resilience Intervention for Health Care Workers During the Coronavirus Disease 2019 Pandemic, *Anesth Analg* May 4th 2020 : 10.1213
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7199769/#R13>

²⁸ Albott, CS and Wozniak, JR et al. (2020) Battle Buddies: Rapid Deployment of a Psychological Resilience Intervention for Health Care Workers During the Coronavirus Disease 2019 Pandemic, *Anesth Analg*, May 4th 2020 10.1213
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7199769/>

²⁹ Maslach C, Schaufeli WB and Leiter MP (2001) Job burnout. *Annual Review of Psychology* Vol. 52:397-422
<https://pubmed.ncbi.nlm.nih.gov/11148311/>

³⁰ Kuhn, C and Flanagan, M (2017) Self-care as a Professional Imperative: Physician Burnout, Depression, and Suicide, *February 2017 Can J Anaesth* 64(2):158-168. <https://pubmed.ncbi.nlm.nih.gov/27910035/>

³¹ Growing Nursing Numbers. Literature review on nurses leaving the NHS, Health Education England, 2017
<https://www.hee.nhs.uk/sites/default/files/documents/Nurses%20leaving%20practice%20-%20Literature%20Review.pdf>

3.3 Moral Injury

Moral injury, associated with military trauma, is referred to as injury to a person's conscience or moral code, resulting from committing, failing to prevent, or witnessing acts that go against their beliefs, values, or code of ethics.³ While not a mental health problem itself, those who develop moral injuries are likely to experience negative thoughts about themselves as well as intense feelings of shame, guilt, or disgust. These feelings can contribute to the development of mental health difficulties, including depression and PTSD.³² In extreme cases moral injury has been associated with higher rates of self-harm and suicidal thoughts.²

The issue has been described in a military context where for example a child has been hurt or where army personnel have not reported a war crime due to fear of reprisals. Moral injury has also been reported in medical students, who reported great difficulty coping with working in hospital and emergency care, where they were exposed to trauma that they felt unprepared for.³³

The concept of moral injury may be especially relevant in the unprecedented nature of the challenges healthcare staff have faced during COVID-19 such as having to make decisions on how to allocate constrained resources among severely ill patients and how to align their desire to care for patients with fears for their own physical health.³⁴ Experts point out that experiencing moral injury is not inevitable and there are several supportive measures by staff that can be taken in the short term to limit the incidence and reduce the severity of the injuries.

3.4 Post Traumatic Stress Disorder (PTSD)

PTSD is a mental health condition caused by witnessing or experiencing actual or threatened death, serious injury or violence. Being affected by these types of events and having some post-event reactions can be normal. However, if the thoughts or memories of these events start to persistently affect the life of the person long after the event, that person could be experiencing PTSD.³⁵

PTSD is increasingly common among healthcare staff. For example, a study by the University of Liverpool in 2019 which measured the prevalence of work-related PTSD among obstetricians and gynaecologists found that two thirds of participants reported exposure to traumatic work-related events with a further 18 per cent reporting clinically significant PTSD

³² Greenberg, N, Docherty, M et al (2020) Managing mental health challenges faced by healthcare workers during covid-19 pandemic *BMJ* 2020; 368:m1211 <https://doi.org/10.1136/bmj.m1211>

³³ Murray E, Krahé C and Goodsman D (2018) Are medical students in prehospital care at risk of moral injury? *Emergency Medical Journal*, Volume 35 Issue 10:590-4 <https://emj.bmj.com/content/35/10/590>

³⁴ Williamson, V, Murphy, D and Greenberg, N (2020) COVID-19 and experiences of moral injury in front-line key workers. *Occupational Medicine (London)*. April 2nd 2020, pii:kqaa052 <https://academic.oup.com/occmed/article/doi/10.1093/occmed/kqaa052/5814939>

³⁵ Chapovalov, O (2018) PTSD in healthcare professionals, *Hospital News*, August 18th 2018 <https://hospitalnews.com/ptsd-in-healthcare-professionals/>

symptoms.³⁶ During COVID-19 front-line staff are routinely exposed to traumas - loss of patients, illness of colleagues as well as high levels of uncertainty every day all increase the likelihood of developing PTSD throughout the pandemic and in years to come.

4. Staff Mental Health and Wellbeing in Pandemics: International Evidence

Emerging international evidence resulting from COVID-19– as well as evidence from previous pandemics– suggest that healthcare staff are being put under intense pressure. A particularly strong evidence base exists from the SARS pandemic, which predominantly affected mainland China, Hong Kong, Taiwan and Canada between 2002 and 2004. Similar to COVID-19, the SARS outbreak was unprecedented in terms of infectiousness, spreading rapidly across 32 counties, causing high mortality rates and considerable pressure on healthcare systems.³⁷ The outbreak was also notable for the significant numbers of healthcare workers who contracted the illness, accounting for 20% of all cases.³⁸

Research indicates that levels of anxiety, depression, burnout and PTSD were high for healthcare workers during and after the SARS outbreak.³⁹ International data emerging from the COVID-19 pandemic follows a similar pattern. In China, a study of healthcare workers revealed half of all respondents reported symptoms of depression and anxiety, whilst approximately one third reported insomnia.⁴⁰ In Italy, preliminary research found that 50% of healthcare workers reported PTSD symptoms, whilst 25% had symptoms of severe depression and burnout.⁴¹

In addition to identifying adverse psychological outcomes that health care staff might experience during COVID-19, evidence from the SARS pandemic also highlights a number of factors that may put certain workers at greater risk including:

- Occupational risk factors – specifically, working as a nurse, working in high risk environments and having less clinical experience;
- Personal risk factors – including parental responsibilities, experiencing stigma, time in quarantine, fear of infecting family and being female; and

³⁶ <https://healthbusinessuk.net/news/28012020/prevalence-ptsd-among-nhs-staff-highlighted>

³⁷ SARS in Taiwan: an overview and lessons learned International Journal of Infectious Diseases, 2nd March 2005, Volume 9, Issue 2, Pages 77-85 <https://www.sciencedirect.com/science/article/pii/S1201971204001766>

³⁸ Sim K & Chua H (2004) The psychological impact of SARS: a matter of heart and mind. Canadian Medical Association Journal, March 2nd 2004, 170(5): 811–812 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC343855/>

³⁹ Cabello, RP and Meneses FJ et al (2020) Impact of viral epidemic outbreaks on mental health of healthcare workers: a rapid systematic review, Medrxiv, April 6th 2020 <https://www.medrxiv.org/content/10.1101/2020.04.02.20048892v1.full.pdf>

⁴⁰ Lai, J and Ma, S et al (2020) Factors Associated With Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease 2019, Jama Network Open, March 23rd 2020, 3(3): e203976, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7090843/>

⁴¹ Rossi, R and Socci, V et al (2020) Mental health outcomes among front and second line health workers associated with the COVID-19 pandemic in Italy, April 22nd 2020 <https://www.medrxiv.org/content/10.1101/2020.04.16.20067801v1>

- Organisational risk factors – particularly job related stress, poor management support and lack of infection control measures.

The SARS pandemic was mainly confined to hospital settings and as a result there is limited evidence concerning the impact on social care staff. However, there is little reason to assume that the same does not apply to social care workers on the frontline providing direct care too.

4.1 Occupational Risk Factors

Evidence from the SARS pandemic demonstrates that nurses are more likely to experience adverse mental health outcomes as a result of working in a pandemic.⁴² A study in Canada found that nurses were more likely to show symptoms of PTSD than any other type of healthcare worker⁴³ and were the occupation group most likely to report high levels of psychological distress.⁴⁴ Research emerging from China in the current pandemic also indicate that nurses are more likely to report acute stress reactions including depression, anxiety and insomnia as well as moral injury.⁴⁵ ⁴⁶ A further study of 850 nurses found that witnessing prolonged suffering of critically ill patients, long-term separation from family, concerns for their own safety as well as guilt over the death of patients in their care were the key drivers of experiencing mental health issues.⁴⁷

Healthcare workers employed in 'high-risk' environments also demonstrated poorer mental health outcomes.⁴⁸ A study carried out in Hong Kong compared mental health outcomes for staff practicing respiratory medicine in high risk units with those working in lower risk areas. The group working in high risk areas were more likely to report acute stress reactions including fatigue, insomnia, health anxiety, and a fear of social contact. They also demonstrate elevated levels of stress a year after the original study.⁴⁹ These findings

⁴² Coping Responses of Emergency Physicians and Nurses to the 2003 Severe Acute Respiratory Syndrome Outbreak, *Academic Emergency Medicine*. April 12th 2005 12(4):322-8 <https://pubmed.ncbi.nlm.nih.gov/15805323/?dopt=Abstract>

⁴³ Maunder RG, Lancee WJ, Rourke S, et al. Factors associated with the psychological impact of severe acute respiratory syndrome on nurses and other hospital workers in Toronto. *Psychosom Med*. 2004;66:938–942 <https://pubmed.ncbi.nlm.nih.gov/15564361/>

⁴⁴ Nickell LA, Crighton EJ, Tracy CS, et al. Psychosocial effects of SARS on hospital staff: survey of a large tertiary care institution. *CMAJ*. 2004;170:793–798 <https://www.cmaj.ca/content/170/5/793.long>

⁴⁵ Lai, J and Ma, S et al. (2020) Factors Associated With Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease 2019, March 23rd 2020, *JAMA Netw Open* 3(3):e203976. <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2763229>

⁴⁶ Zhang, C and Yang, L et al (2020) Survey of Insomnia and Related Social Psychological Factors Among Medical Staff Involved in the 2019 Novel Coronavirus Disease Outbreak Apr 14th 2020, 2020; 11: 306 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7171048/#B2>

⁴⁷ Huang, L and ming xu, F et al (2020) Emotional responses and coping strategies of nurses and nursing college students during COVID-19 outbreak, *Medrxiv*, March 8th 2020 <https://www.medrxiv.org/content/10.1101/2020.03.05.20031898v1.full.pdf>

⁴⁸

⁴⁹ McAlonan GM, Lee AM, et al. (2007) Immediate and sustained psychological impact of an emerging infectious disease outbreak on health care workers, *Canadian Journal of Psychiatry*, April 2007 52(4):241-7 <https://journals.sagepub.com/doi/pdf/10.1177/070674370705200406>

indicate the potential for acute stress reactions to develop into long term mental health issues where staff are not provided with appropriate support.

Healthcare workers in hospitals in Wuhan, where the majority of COVID-19 cases in China occurred, reported more severe acute stress reactions including depression, anxiety and insomnia than those working in surrounding areas who were less exposed to infected patients.⁵⁰ In China, 1379 workers from a broad range of occupations revealed that being on the frontline was specifically associated with adverse mental outcomes. General Practitioners were more likely to report PTSD symptoms, while nurses and health care assistants were more likely to report severe insomnia.⁵¹

Finally, healthcare workers with less professional experience were also identified as being more at risk. Younger healthcare in Italian hospitals during COVID-19 were shown to be more at risk of PTSD, severe depression, anxiety, insomnia and stress than older colleagues with more experience.⁵²

4.2 Personal Risk Factors

International findings indicate that healthcare workers who were parents were more likely to experience greater levels of acute stress than those who did not have children. In Canada, increased levels of stress among parents during the SARS pandemic were associated with worries about whether their children might experience stigma as a result of their role and concerns for how their children would be cared for if the healthcare worker–parent were hospitalised or quarantined.⁵³

Fear of causing transmission amongst colleagues and family members as well as fear of contracting the virus themselves were also cited as a significant factor for elevated levels of distress in healthcare workers during the SARS pandemic. The same fear of transmission has been cited in China during COVID-19 primarily due to concerns around asymptomatic transmission as well as the high transmission rates amongst healthcare workers with over 3000 contracting the virus resulting in 22 deaths.⁵⁴

Several studies indicate that female healthcare workers are more likely to experience anxiety and depression during a pandemic than their male counterparts.⁵⁵ A study of healthcare

⁵⁰ Liu Xing, Z and Za Zhi, B et al (2020) The epidemiological characteristics of an outbreak of 2019 novel coronavirus diseases (COVID-19) in China. Epidemiology Working Group for NCIP Epidemic Response Chinese Journal of Epidemiology, 41 (2) (2020), pp. 145-151 <https://pubmed.ncbi.nlm.nih.gov/32064853/>

⁵¹Rossi, R, Soggi, V, Pacitti, F et al. (2020) Mental health outcomes among front and second line health workers associated with the COVID-19 pandemic in Italy ,Medrxiv, <https://www.medrxiv.org/content/10.1101/2020.04.16.20067801v1.full.pdf>

⁵² Rossi, R, Soggi, V, Pacitti, F et al. (2020) Mental health outcomes among front and second line health workers associated with the COVID-19 pandemic in Italy ,Medrxiv, <https://www.medrxiv.org/content/10.1101/2020.04.16.20067801v1.full.pdf>

⁵³Nickell LA, Crighton EJ, Tracy CS, et al (2004) psychosocial effects of SARS on hospital staff: survey of a large tertiary care institution. CMAJ 170:793–798 <https://www.cmaj.ca/content/170/5/793.long>

⁵⁴ Mingkun, Z and Qin, Y et al (2020) Death from Covid-19 of 23 Health Care Workers in China, N Engl J Med 2020; 382:2267-2268, June 4, 2020, <https://www.nejm.org/doi/full/10.1056/NEJMc2005696>

⁵⁵ Zhang W., Wang K., Yin L. Mental Health and Psychosocial Problems of Medical Health Workers during the COVID-19 Epidemic in China. Psychother Psychosom. 2020:1–9. <https://www.karger.com/Article/FullText/507639>

workers in Italy during COVID-19, revealed that female healthcare workers were more likely to suffer from PTSD, severe depression, anxiety, insomnia and perceived stress. This could be attributed to the fact that women are more likely to be working as nurses and may face a greater risk of exposure to infected patients by spending more time on wards, providing more direct care and having responsibility for the collection of sputum for virus detection.⁵⁶ Researchers also suggests that the higher rates of mental health issues being identified in female workers could be attributed to women generally being more susceptible to depression and PTSD than men.⁵⁷

Lastly, feeling isolated, whether through quarantine, experiencing stigma by the wider community or being isolated from family due to work commitments were all associated with poorer mental health outcomes. Research from Taiwan indicated that being quarantined during SARS was the factor most strongly associated with acute stress disorder as well as being associated with reluctance to go back to work and deterioration of work performance.⁵⁸ A study in China demonstrated that being quarantined was associated with greater PTSD symptoms and higher alcohol intake.⁵⁹ Healthcare workers who perceived that they, or their families, were being avoided by others due to their exposure to the virus also experienced higher levels of intense stress.⁶⁰

4.3 Organisational Risk Factors

Lack of confidence in infection control measures and lack of adequate PPE were ranked as the top sources of stress and anxiety during SARS.⁶¹ Lack of PPE increased HCW's fear for their own personal safety but also their anxiety about passing the infection onto their families.⁶² Conversely workers who had access to adequate PPE exhibited lower levels of stress and more confidence in their ability to treat patients.⁶³ Undoubtedly, global shortages of PPE during the current pandemic have been a significant source of stress for healthcare workers.

⁵⁶ Prevalence of depression, anxiety, and insomnia among healthcare workers during the COVID-19 pandemic: A systematic review and meta-analysis <https://www.sciencedirect.com/science/article/pii/S088915912030845X?via%3Dihub#b0085>

⁵⁷ Gender and women's mental health, Mental Health, World Health Organisation, https://www.who.int/mental_health/prevention/genderwomen/en/

⁵⁸ Bai Y, Lin CC, Lin CY, et al. Survey of stress reactions among health care workers involved with the SARS outbreak. *Psychiatric Services*. 2004; 55:1055– 1057. <https://pubmed.ncbi.nlm.nih.gov/15345768/>

⁵⁹ Wu, P, Liu, X and Fang, Y et al (2008) Alcohol abuse/dependence Symptoms Among Hospital Employees Exposed to a SARS Outbreak, *Nov-Dec 2008, Alcohol and Alcoholism*;43(6):706-12 <https://pubmed.ncbi.nlm.nih.gov/18790829/>

⁶⁰ Maunder, R (2004) The experience of the 2003 SARS outbreak as a traumatic stress among frontline healthcare workers in Toronto: lessons learned. 2nd June 2004 The Royal Society, Vol. 43, No. 7 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1693388/pdf/15306398.pdf>

⁶¹ Dua, J, Lu Dong, Wang, T (2020) Letter to the Editor, Psychological symptoms among frontline healthcare workers during COVID-19 outbreak in Wuhan, 3rd April 2020, *General Hospital Psychiatry* <https://www.sciencedirect.com/science/article/pii/S0163834320300451?via%3Dihub#bb0035>

⁶² Editorial: COVID-19: protecting health-care workers, *The Lancet*, March 21st 2020 [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30644-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30644-9/fulltext)

⁶³ (comparing wuhan workers study)

Job-related stress was also an indicator for poorer mental health outcomes during SARS. Changes to normal working protocols and being assigned to unfamiliar tasks, for example where non-clinical staff were reassigned to patient screening duties, were associated with acute stress reactions among health workers in Canada.⁶⁴ Control over work, in terms of whether the specific role was voluntary or not, were also proven to adversely affect the wellbeing of staff.⁶⁵ For example, a study in Taiwan found that nurses who were involuntarily deployed to high-risk units were more likely to report PTSD and depression than nurses voluntarily working there.⁶⁶

5. Staff Health and Wellbeing during COVID-19: UK Experience

Initial data emerging from the UK follows a similar pattern to SARS and emerging international evidence from COVID-19. In a recent survey of its members, the BMA found that 44% of doctors experienced a range of acute stress reactions, burnout and other mental health conditions 'relating to or made worse by their work' during COVID-19.⁶⁷ Research carried out by the Nursing Times revealed that a third of nurses also rated their mental health as 'bad' or 'very bad'. Furthermore, over half of those who participated in the research described themselves as 'a lot' more anxious or stressed than usual.⁶⁸

Research conducted by The Institute for Public Policy Research (IPPR) with health and social care workers in the UK found that half of the respondents felt their mental health had declined in the preceding eight weeks.⁶⁹ Over a fifth of those surveyed also indicated that they would consider leaving the profession as a result of their experiences.⁷⁰ This reflects an emerging trend in Italy and China where healthcare workers are leaving the profession as a result of their experiences during the current pandemic.

There is currently little data available on the effect of the pandemic on social care workers' mental health. Research carried out in April by the Scottish trade union GMB reported that four in five care staff said their mental health had been damaged by their work. Three

⁶⁴Maunder, R (2004) The experience of the 2003 SARS outbreak as a traumatic stress among frontline healthcare workers in Toronto: lessons learned. The Royal Society, 2nd June 2004

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1693388/pdf/15306398.pdf>

⁶⁵ Rossi, R, Socci, V, Pacitti, F et al. (2020) Mental health outcomes among front and second line health workers associated with the COVID-19 pandemic in Italy, Medrxiv, <https://www.medrxiv.org/content/10.1101/2020.04.16.20067801v1.full.pdf>

⁶⁶ Chen CS, Wu HY, Yang PC, et al. Psychological distress of nurses in Taiwan who worked during the outbreak of SARS Psychiatr Serv. 2005;56:76–79. <https://pubmed.ncbi.nlm.nih.gov/15637196/>

⁶⁷British Medical Association (2020) The mental health and wellbeing of the medical workforce – now and beyond COVID-19 <https://www.bma.org.uk/media/2475/bma-covid-19-and-nhs-staff-mental-health-wellbeing-report-may-2020.pdf>

⁶⁸ Ford, S (2020) Exclusive: Nursing Times survey reveals negative impact of Covid-19 on nurse mental health, 29th April 2020 <https://www.nursingtimes.net/news/mental-health/exclusive-survey-reveals-negative-impact-of-covid-19-on-nurse-mental-health-29-04-2020/>

⁶⁹ Thomas, C and Quilter-Pinner (2020) Care fit for Carers, Institute for Public Policy Research, April 2020, https://www.ippr.org/files/202004/1587632465_care-fit-for-carers-april20.pdf

⁷⁰Thomas, C and Quilter-Pinner (2020) Care fit for Carers, Institute for Public Policy Research, April 2020, https://www.ippr.org/files/202004/1587632465_care-fit-for-carers-april20.pdf

quarters of respondents also said they feared for their own safety, with 84% worried about taking the virus home to their own family.⁷¹

5.1 Certain Groups are More at Risk

Emerging research indicates that frontline workers (especially nurses), younger staff with less clinical experience and women are more likely to report adverse mental health outcomes.

Media reports throughout the pandemic have focused on the risk of burnout among frontline staff.⁷² Frontline staff themselves have identified a number of common factors that are impacting their wellbeing, including^{73 74}:

- A significantly increased patient caseload;
- Continual shortages of PPE;
- Treating sick colleagues;
- Significantly increased patient deaths; and
- Communicating bereavements via impersonal methods such as phone and skype.

The BMA found that 44% of doctors have experienced burnout 'relating to or made worse by their work' during COVID-19. Similarly, guidance published in the Journal of Clinical Nursing to support nurses' mental health during COVID-19 highlights how⁷⁵:

'Post pandemic, or in the tail of the acute phase, staff may be 'running on empty' some may have unresolved grief if staff, colleagues or family members have died (and there has been no time to grieve), and some may have burnout.'

Research from SARS indicates that frontline nurses are particularly vulnerable to poorer mental health outcomes.⁷⁶ Data from the UK suggests a similar trend with 74% of nurses indicating that they were worried about their own health due to their clinical role and almost all (92%) were worried about risks to their family members. Almost one-third of respondents also reported experiencing severe or extremely severe depression, anxiety or stress⁷⁷:

⁷¹ <https://www.itv.com/news/2020-04-17/mental-health-of-80-of-carers-treating-covid-19-patients-in-scotland-has-been-damaged-survey-seen-by-itv-news-reveals/>

⁷² Campbell, D (2020) Half of UK health workers suffering stress because of Covid-19, the Guardian, 23rd April 2020 <https://www.theguardian.com/society/2020/apr/23/half-of-uk-health-workers-suffering-stress-because-of-covid-19>

⁷³ <https://www.ft.com/content/960b7898-f2d0-4446-bef5-176fea49d188>

⁷⁴ Smith, P (2020) Mental health 'damaged' in majority of Scottish coronavirus carers, 17th April 2020, <https://www.itv.com/news/2020-04-17/mental-health-of-80-of-carers-treating-covid-19-patients-in-scotland-has-been-damaged-survey-seen-by-itv-news-reveals/>

⁷⁵ Maben, J and Bridges, J (2020) COVID-19 Supporting Nurses' Psychological and mental health, Journal of Clinical Nursing, Editorial, 22nd April 2020 <https://onlinelibrary.wiley.com/doi/epdf/10.1111/jocn.15307>

⁷⁶ Stephenson, J (2020) Study seeks to find out how nurses are coping with pandemic, Nursing Times, 8th April 2020 <https://www.nursingtimes.net/news/research-and-innovation/study-seeks-to-find-out-how-nurses-are-coping-with-pandemic-08-04-2020/>

⁷⁷ Mitchell, J (2020) A third of nurses experiencing 'severe' mental health issues due to Covid-19, 21st April 2020

'I am at present off work with anxiety, panic attacks and stress; I was redeployed and asked to go into the community with no PPE at all ... I felt I was putting my family at risk and was undervalued, and now feel like leaving nursing altogether.'

New ways of working are also potentially highly stressful for staff. Nurses are not only experiencing an increase in the volume and intensity of their work, but are having to accommodate new protocols and a very "new normal." For instance, many mental health services have transformed almost overnight from providing face-to-face care and treatment to a predominately virtual service of telephone or video consultations. In many other areas, nurses are adjusting to providing end-of-life care more frequently and often in the face of more rapid deterioration than they are used to⁷⁸.

Younger workers with less work experience are also more at risk of adverse mental health outcomes. Research by the Institute of Public Policy Research revealed that 71 per cent of younger health and social care workers reported detrimental effects to their mental health during COVID-19.⁷⁹ Lack of experience is especially significant, considering that up to 18,700 student nurses, midwives and doctors enrolled to boost the workforce in England during the COVID-19 pandemic.⁸⁰ In Northern Ireland 600 nursing and midwifery students in the final six months of their pre-registration education, chose to take their final clinical placement early to support the workforce.⁸¹ Placing students and newly qualified nursing and medical staff in potentially traumatic environments without the necessary skills to manage challenging situations could result in longer term mental health issues including depression and PTSD.^{82 83}

Younger workers have already reported feelings of guilt when patients died who potentially would have stood a chance at recovery prior to COVID-19⁸⁴:

'I have fought hard for a patient to be considered for ventilation despite knowing that they didn't meet the criteria. I stayed with them after my shift had ended, gowned and gloved, and

<https://www.nursingtimes.net/news/coronavirus/uk-nurses-feel-unprepared-for-covid-19-peak-finds-new-survey-21-04-2020/>

⁷⁸ Maben, J and Bridges, J (2020) COVID-19 Supporting Nurses' Psychologica and mental health, Journal of Clinical Nursing, Editorial, 22nd April 2020 <https://onlinelibrary.wiley.com/doi/epdf/10.1111/jocn.15307>

⁷⁹ https://www.ippr.org/files/2020-04/1587632465_care-fit-for-carers-april20.pdf

⁸⁰ <https://www.england.nhs.uk/2020/04/student-docs-and-nurses-praised-for-joining-nhs-army-to-tackle-historic-coronavirus-threat/>

⁸¹ <https://www.belfasttelegraph.co.uk/news/health/coronavirus/coronavirus-hundreds-of-nursing-students-join-covid-19-fight-in-northern-ireland-39114897.html>

⁸² <https://rcni.com/nursing-standard/features/how-covid-19-affecting-nurses-mental-health-and-what-to-do-about-it-159456>

⁸³ Hughes, R (2020) 'I feel fear and guilt': an NHS junior doctor on the effect of getting Covid-19, The Guardian, 14th April 2020, <https://www.theguardian.com/world/2020/apr/14/coronavirus-i-worry-about-my-colleagues-an-nhs-junior-doctor-describes-the-challenges-she-faces>

⁸⁴ Hughes, R (2020) 'I feel fear and guilt': an NHS junior doctor on the effect of getting Covid-19, The Guardian, 14th April 2020 <https://www.theguardian.com/world/2020/apr/14/coronavirus-i-worry-about-my-colleagues-an-nhs-junior-doctor-describes-the-challenges-she-faces>

watched them take their last breaths, knowing that a few months ago they might have stood a chance.'

5.2 Impact of PPE Shortages

The ongoing shortages of PPE in the UK and the resulting risk to health and social care staff have attracted widespread media attention.⁸⁵ The death of 181 healthcare staff and a further 131 social care workers in England have heightened concerns about a lack of effective protection while working.⁸⁶

During the peak of the pandemic, the Royal College of practitioners (RCP) reported that a third of physicians working in high-risk settings were running short of long-sleeved gowns and full-face visors. Furthermore, 45% of doctors reported feeling pressure to work without adequate protection.⁸⁷ Physicians lacking adequate PPE also reported feeling stressed and anxious at having to make decisions that forced them to choose between protecting themselves and treating their patients⁸⁸:

'We are faced with the awful choice between protecting our own lives or protecting those of the patients we treat'

The most common reason cited by nurses for feeling more stressed or anxious during COVID-19 was lack of PPE and resulting concerns about contracting the virus themselves and/or infecting patients, family and friends⁸⁹ :

'When you are grabbing a plastic apron that only covers half your torso off a roll, and the flimsiness of it means it breaks in your hand, you are scared'

Furthermore, a survey conducted in April by the Royal College of Nursing (RCN) indicated that nearly half of nurses who were helping patients in high-risk areas reported being asked to re-use items marked single use by manufacturers.⁹⁰ There is limited data on the impact of PPE on social care workers but one study reported that three in every five staff are stressed

⁸⁵ Campbell, D (2020) UK doctors finding it harder to get PPE kit to treat Covid-19 patients, research reveals, the Guardian, Monday 17th April 2020, <https://www.theguardian.com/society/2020/apr/27/uk-doctors-finding-it-harder-to-get-ppe-kit-to-treat-covid-19-patients-research-reveals>

⁸⁶ Engagements - House of Commons Hansard, 20h May 2020 <https://hansard.parliament.uk/Commons/2020-05-20/debates/AC290C61-34C0-4330-A077-7FCD23EB8DFB/Engagements#contribution-94856D92-67EF-44FB-934B3029D32A8EE7>

⁸⁷ Cooper, K (2020) PPE Supplies Remain low, British Medical Association, 20th April, 2020 <https://www.bma.org.uk/news-and-opinion/ppe-supply-remains-low>

⁸⁸ Merrick, R (2020) Coronavirus: PPE shortages worsening, doctors warn, as Raab raises fresh doubts over supplies, the Telegraph, Sunday 26th April 2020 <https://www.independent.co.uk/news/uk/politics/coronavirus-doctors-ppe-protective-equipment-shortage-nhs-hospital-a9484941.html>

⁸⁹ Merrick, R (2020) Coronavirus: PPE shortages worsening, doctors warn, as Raab raises fresh doubts over supplies, the Telegraph, Sunday 26th April 2020 <https://www.independent.co.uk/news/uk/politics/coronavirus-doctors-ppe-protective-equipment-shortage-nhs-hospital-a9484941.html>

⁹⁰ Half of nursing staff under pressure to work without PPE, Royal College of Nursing, 18th April 2020 <https://www.rcn.org.uk/news-and-events/news/uk-covid-19-half-of-nursing-staff-under-pressure-to-work-without-ppe-180420>

about the lack of PPE in their work.⁹¹ During the peak of the pandemic, nursing bodies consistently highlighted the stress that health and social care staff were under due to lack of PPE⁹²:

‘Nurses and health care support workers in care homes, the community and in hospitals are working long hours, under great stress and are risking their own health to protect others. The lack of PPE is creating a burden of immense distress and heightened anxiety for our nursing staff members and the patients they care for.’

Staff themselves report feeling angry that they have not been sufficiently protected during the crisis and have been critical of the perceived lack of action to ensure adequate levels of PPE.^{93 94} Research indicates that moral injury is more likely to occur where workers perceive that leaders have not taken responsibility and are unsupportive.⁹⁵ Given that 51% of doctors report feeling unsupported by management during COVID-19 with regard to protective measures, an increase in moral injury could be expected.

In England, a crowdfunded legal challenge is being brought by the Doctors' Association UK (DAUK), Hourglass – a charity that works to prevent the abuse of older people – and the Good Law Project. The challenge will seek to show that under human rights legislation, the Department of Health and Social Care should have held an independent inquiry into whether PPE shortages may have caused or contributed to the deaths or serious illness from COVID-19 of health and social care workers, as well as patients. The group says that any such investigation should take place as soon as possible to gather evidence ahead of a possible second or third spike of infection.⁹⁶

‘As we recover from the first wave of COVID-19 there is a real and credible possibility that we will face a second wave in the coming months or into the winter. Now is the time to learn key lessons to enable us to avoid future pitfalls, protect the frontline and ultimately save lives’⁹⁷

In recent weeks, the BMA have reported that while there had been steady improvement in supplies of PPE, gaps remain. Approximately 20 per cent of doctors reported no, or inadequate, supplies of eye protection and a further 15 per cent faced shortages of face masks and gowns or aprons.⁹⁸ Data from a nursing and midwifery study also indicates that

⁹¹ <https://www.itv.com/news/2020-04-17/mental-health-of-80-of-carers-treating-covid-19-patients-in-scotland-has-been-damaged-survey-seen-by-itv-news-reveals/>

⁹² Coronavirus: PPE shortage creating 'immense distress' for nurses, BBC News Website, 18th April 2020
<https://www.bbc.co.uk/news/uk-wales-52339103>

⁹³ Savage, M (2020) Medical Staff face weeks without protective gowns, The Guardian, 19th April 2020
<https://www.theguardian.com/society/2020/apr/19/medical-staff-face-weeks-without-protective-gowns>

⁹⁴ <https://www.bma.org.uk/news-and-opinion/stress-and-burnout-warning-over-covid-19>

⁹⁵ Williamson, V, Murphy, D Greenberg, N (2020) COVID-19 and experiences of moral injury in front-line key workers, 20th April 2020 Occupational Medicine <https://academic.oup.com/occmed/advance-article/doi/10.1093/occmed/kqaa052/5814939>

⁹⁶ DAUK in The Evening Standard: Doctors and campaigners launch High Court challenge against Government over PPE inquiry, Doctors Association UK, June 9th 2020 <https://www.dauk.org/news/covidinquiryeveningstandard>

⁹⁷ Coronavirus: Doctors launch High Court challenge over PPE inquiry, The Telegraph, 9th June 2020

<https://www.telegraph.co.uk/news/2020/06/09/coronavirus-doctors-launch-high-court-challenge-ppe-inquiry/>

⁹⁸ Exhausted frontline doctors fear second coronavirus wave <https://www.ft.com/content/960b7898-f2d0-4446-bef5>

while overall PPE availability appears to have improved 40% of nurses reported being unable to access the correct PPE.⁹⁹

5.3 The Superhero Label

Over the course of the pandemic there have been public demonstrations of appreciation and support for healthcare workers through initiatives such as ‘clap for the NHS’ along with social and print media coverage referring to staff as ‘angels’ and ‘superheroes’. While this has been encouraging and supportive for staff, mental health experts and staff themselves have warned there is a danger that it could be counterproductive. Experts advise that trying to continually meet this expectation could see healthcare workers using stress and adrenaline to push through long shifts with inadequate breaks for self-care at the expense of their long term health.¹⁰⁰ Mental health professionals also argue that it can be harder for staff to talk about how they really feel or ask for help as they fear being judged for feeling scared and overwhelmed¹⁰¹:

‘A lot of staff report feeling like cowards but they are not at all, they’re quite justifiably frightened and angry’

It has also been noted by nursing representative bodies that while these initiatives are helpful for staff moral, practical, protective and supportive measures from government are ultimately what will have the most long term positive impact on mental health outcomes.¹⁰²

5.4 Forced Redeployment and Lack of Training

Research carried out during the SARS pandemic indicates that staff who worked outside of their usual role or in unfamiliar settings were more likely to demonstrate poorer mental health outcomes. Greater levels of distress were also identified in nurses who were involuntarily deployed to the frontline.¹⁰³ Staff are also at increased risk of moral injury where they feel emotionally and practically unprepared for new situations. Conversely,

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⁹⁹ Leigh, T (2020) Second survey of UK nurses and midwives highlights ongoing concerns about their health during COVID-19, May 21st 2020 <https://medicalxpress.com/news/2020-05-survey-uk-nurses-midwives-highlights.html>

¹⁰⁰ McCann, N (2020) Coronavirus: The PTSD risk on the Covid-19 front line. BBC News, 12th April 2020 <https://www.bbc.co.uk/news/uk-northern-ireland-52245997>

¹⁰¹ Supporting the mental health of frontline NHS staff during COVID-19, Health Europa, 1st May 2020 <https://www.healtheuropa.eu/supporting-the-mental-health-of-frontline-nhs-staff-during-covid-19/99740/>

¹⁰² Foot, T (2020) NHS staff on coronavirus front line ‘can’t just get by with being called brave’ Camden New Journal <http://camdennewjournal.com/article/nhs-staff-on-coronavirus-front-line-cant-just-get-by-with-being-called-brave>

¹⁰³ Chen, CS and Wu, HY et al (2005) Psychological Distress of Nurses in Taiwan Who Worked During the Outbreak of SARS, Psychiatr Serv, January 5th 2005, 6(1):76-9. <https://pubmed.ncbi.nlm.nih.gov/15637196/>

research indicated that comprehensive training for staff offers a protective effect, increasing confidence and performance as well as lowering levels of stress.¹⁰⁴

In the current COVID-19 crisis, redeployment of healthcare staff – which for many was not voluntary- and lack of adequate training have been an ongoing issue. The BMA reported that:

- 35% of those redeployed say they were not given inductions;
- 32% cent did not received training;
- 17% feel they are working outside their area of competence; and
- 74% report no knowing how long their new arrangements will last.

Some doctors also reported that they felt ‘bullied’ into changing jobs and working arrangements.¹⁰⁵ A study of nurses and midwives revealed that 63% of nurses surveyed said they had received either inadequate training or none at all prior to redeployment and while perceptions towards infection control training have improved over time, fewer than 50% reported feeling confident in training they had received.¹⁰⁶ In response to the study Ruth Harris, Professor of Health Care for Older Adults at King’s College London said¹⁰⁷:

‘These initial findings show that individuals do not feel adequately prepared for the pandemic and are concerned about the risk to themselves and their families. They also highlight a need for ongoing training and confidence building to secure staff wellbeing’

6. Wellbeing of Staff in NI Following a Similar Trend

The experience of frontline workers in NI mirror findings both internationally and across the rest of the UK. Nursing staff reported feeling anxious about increasing their family’s risk of exposure to the virus by going to work. Concerns about adequate protection with regard to PPE as well as fear of not having any best practice guidelines to treat critically ill patients have also been cited as a source of acute stress.¹⁰⁸

¹⁰⁴ Maunder, R and Peladeau, N et al (2008) Applying the Lessons of SARS to Pandemic Influenza. An Evidence-based Approach to Mitigating the Stress Experienced by Healthcare Workers, Canadian Journal of Public Health 2008 Nov; 99(6): 486–488. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5148615/pdf/41997_2008_Article_BF03403782.pdf

¹⁰⁵ Under fire on the front line – doctors share their experiences of work during the COVID-19 crisis, British Medical Association, 4th May 2020, <https://www.bma.org.uk/news-and-opinion/under-fire-on-the-front-line-doctors-share-their-experiences-of-work-during-the-covid-19-crisis>

¹⁰⁶ Leigh, T (2020) Second survey of UK nurses and midwives highlights ongoing concerns about their health, training and strain on mental health during COVID-19, University of Plymouth, 21st May 2020 <https://www.plymouth.ac.uk/news/second-survey-of-uk-nurses-and-midwives-highlights-ongoing-concerns-about-their-health-training-and-strain-on-mental-health-during-covid-19>

¹⁰⁷ Survey of UK nurses and midwives' highlights their concerns about health, training and workload during COVID-19, Kings College London News Centre, 21st April 2020 <https://www.kcl.ac.uk/news/survey-of-uk-nurses-and-midwives-highlights-their-concerns-about-health-training-and-workload-during-covid-19>

¹⁰⁸ McCann, N (2020) Coronavirus: The PTSD risk on the Covid-19 front line, BBC News Website, 12th April 2020, <https://www.bbc.co.uk/news/uk-northern-ireland-52245997>

Throughout the pandemic, nurses have highlighted the need for psychosocial supports to carry out their work effectively, particularly around managing the bereavement process. Hospital staff reported feeling emotionally drained as a result of supporting patients who are at the end stage of life in the absence of their family members:

‘We were there holding their hands, giving that safe, compassionate care. But that has a massive emotional effect on staff and obviously on the families’

There have also been some media reports of nurses feeling stigmatised by friends and neighbours as a result of their interaction with COVID-19 patients, although the majority have reported positive support from the community.¹⁰⁹

GP’s and those working in mental health settings reported that their struggle to access adequate PPE was stressful and frustrating. In April, a number of GP federations reported that doctors felt anxious and scared and were considering suspending services due to their concerns about PPE.¹¹⁰ Similarly, psychiatrists and frontline staff providing face to face treatment for people with mental illness reported lack of adequate PPE. Over a quarter of psychiatrists reported being unable to access the correct supplies with many worried about their exposure to the virus.¹¹¹

The Royal College of Psychiatrists NI (RCPNI) has also stated that PTSD amongst staff who worked with COVID-19 patients could rise by 70% if they are not given the right support before returning to regular routines.

‘There is a risk that if key workers such as doctors are not supported well enough during the recovery process, then they may suffer significant mental health problems. This is particularly problematic if there is a second wave of the virus’

7. Supporting Staff Wellbeing

The COVID-19 pandemic has presented an unprecedented challenge for healthcare workers and supporting their mental health has become a critical part of the overall public health response. Until now healthcare workers have been running on a mix of adrenaline and stress with limited time and space for self-reflection. However, as COVID-19 cases recede and

¹⁰⁹ Coronavirus: Frontline staff treated ‘nearly like lepers’, BBC News Website, <https://www.bbc.co.uk/news/uk-northern-ireland-52353325>

¹¹⁰ Connolly ML (2020) Coronavirus: GPs may ‘withdraw services over lack of PPE’, BBC News Website, 13th April 2020 <https://www.bbc.co.uk/news/uk-northern-ireland-52265857>

¹¹¹ Rutherford, A (2020) Warning quarter of Northern Ireland psychiatrists have no access to correct PPE, April 22nd 2020 <https://www.belfasttelegraph.co.uk/news/health/coronavirus/warning-quarter-of-northern-ireland-psychiatrists-have-no-access-to-correct-ppe-39147208.html>

normal services are slowly re-introduced, healthcare workers will have more time to process their experiences and as a result mental health issues are more likely to emerge.¹¹²

Mental health experts are clear that not all healthcare workers will be adversely affected and research indicates that the majority of individuals facing trauma will not develop mental illness, and may in fact go on to have post-traumatic growth.¹¹³ The challenge for health authorities is how to help staff avoid illness and where possible experience this growth instead. While evidence on effective psychological interventions during pandemics are scarce, best practice from currently available literature with regard to supporting staff wellbeing can be broadly described in three stages¹¹⁴:

- Stage 1 - prioritising practical supports;
- Stage 2 - employing informal psychological interventions; and
- Stage 3 - formalised mental health treatment.

7.1 Prioritising Practical Supports

Mental health experts advise that providing intense psychological support too early, such as debriefing and other conventional approaches, has been found to be counterproductive and can actually increase PTSD symptoms.¹¹⁵ Instead, initial priority has been placed on providing practical preventative supports such as adequate sleep and rest, assistance with accommodation and childcare, adequate nutrition and rest spaces within the work environment.¹¹⁶ Described by the World Health Organisation (WHO) as 'psychological first aid' the approach also includes access to empathetic listening and resources aimed at improving wellbeing and resilience.¹¹⁷ Dr Lynne Taylor, director of psychology at NHS Grampian stated that¹¹⁸:

'While there are lots of offers of debriefing and more conventional responses, this can end up increasing the risk of PTSD. At this stage, it's about getting the message

¹¹²Supporting the Well-being Needs of our Health and Social Care Staff during COVID-19: A Framework for Leaders and Managers, Health and Social Care, April 2020 https://www.publichealth.hscni.net/sites/default/files/2020-04/HSC_Regional%20Staff%20Wellbeing%20Framework_0.pdf

¹¹³ Walton, M, Murray, E and Christian, M (2020) Mental health care for medical staff and affiliated healthcare workers during the COVID-19 pandemic, April 28th 2020 <https://journals.sagepub.com/doi/full/10.1177/2048872620922795>

¹¹⁴ Greenberg, N and Tracy, D (2020) What healthcare leaders need to do to protect the psychological well-being of frontline staff in the COVID-19 pandemic, BMJ Leader, 1st May 2020;0:1–2 <https://bmjleader.bmj.com/content/leader/early/2020/05/17/leader-2020-000273.full.pdf>

¹¹⁵ Brooks, Libby (2020) Psychologist tells frontline NHS staff 'it's OK not to be OK', the Guardian, 25th May 2020 <https://www.theguardian.com/world/2020/may/25/psychologist-tells-frontline-nhs-staff-its-ok-not-to-be-ok>

¹¹⁶ MacDonald, M (2020) Mental Health Awareness Week: The impact of coronavirus on health and social care workers, Commons Library 18th May 2020 https://commonslibrary.parliament.uk/insights/mental-health-awareness-week-the-impact-of-coronavirus-on-health-and-social-care-workers/?doing_wp_cron=1592051710.6006820201873779296875

¹¹⁷ WHO(2020) Mental health and psychosocial considerations during the covid-19 outbreak, World Health Organisation 18th march 2020 <https://www.who.int/publications-detail/mental-health-and-psychosocial-considerations-during-the-covid-19-outbreak>

¹¹⁸ Brooks, Libby (2020) Psychologist tells frontline NHS staff 'it's OK not to be OK', the Guardian, 25th May 2020 <https://www.theguardian.com/world/2020/may/25/psychologist-tells-frontline-nhs-staff-its-ok-not-to-be-ok>

across that it's OK not to be OK and to think of practical things people can do related to psychological first aid'

A study in Wuhan, China which measured the usefulness of psychological interventions introduced for frontline staff working in COVID-19 hospitals, revealed there was limited interest in accessing formal psychological supports. Rather staff placed priority on having access to sufficient breaks that were uninterrupted, refreshments, enough equipment to keep them safe and the ability to communicate with families to reassure them. Their needs were more fundamental than psychological supports.¹¹⁹ Similarly, during the SAR's pandemic, research in Canada revealed that introducing a number of practical measures and informal psychological supports actively improved staff wellbeing. Measures included¹²⁰:

- Distribution of pamphlets identifying signs of anxiety and information about support resources;
- Informal visits by psychiatric staff to chat with colleagues and offer simple gestures of support and advice;
- A drop-in lounge with soothing music, comfortable chairs and snacks; and
- A confidential telephone support line staffed by inpatient psychiatric nurses for all hospital staff

Evidence that intervening in people's natural coping mechanisms too early can be detrimental is also supported by NICE guidelines which advocate 'active monitoring' during the first month after a major trauma before intervening. If staff are showing signs of stress after this time, then further referral to psychological services may be required. A further practical support that has been identified as crucial for staff during a phased return to regular duties is the ability to take time away from work. The BMA has stated that sufficient time away from work must be afforded to staff to allow them to process their experiences and to avoid chronic burnout¹²¹:

'Doctors may need to be given proper time off from working – not just occupational health while they continue the job. They need to be given permission to have time away and have therapy or find headspace to get back to work. Burnout is absolutely horrible – some people never get back to work and it is absolutely crucial we take this seriously'

¹¹⁹Marshall, JJ (2020) Why medical staff in China spurned offers of psychological help over Covid, The Scotsman 14th April 2020 <https://www.scotsman.com/news/uk-news/why-medical-staff-china-spurned-offers-psychological-help-over-covid-dr-john-marshall-2537283>

¹²⁰ Maunder, R and Hunter, J et al. (2003) The immediate psychological and occupational impact of the 2003 SARS outbreak in a teaching hospital, CMAJ, May 13th 2003, 168(10): 1245–1251 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC154178/>

¹²¹ Under fire on the front line – doctors share their experiences of work during the COVID-19 crisis, British Medical Association, May 18th 2020 <https://www.bma.org.uk/news-and-opinion/under-fire-on-the-front-line-doctors-share-their-experiences-of-work-during-the-covid-19-crisis>

7.2 Employing Informal Psychological Interventions

If initial practical support efforts are not sufficient, a “secondary preventative” level aims to identify those who may be developing problems so they can be helped at an early stage. Commonly, people developing mental health difficulties fail to seek help. As a result supervisors, and trained peers need to be alert for early signs of distress.¹²² A strong evidence base exists from SARS to show that reinforcing social bonds between colleagues and supervisors is highly protective of mental health at this stage.¹²³

Reinforcing social bonds can involve managers having supportive informal conversations with team members or engaging peer supporters who are directly tasked with “walking the floor” to offer a chance to chat and access informal assistance.¹²⁴ Peer-supporters, properly trained and supervised, can help maintain staff resilience; one example, is the ‘TRiM’ Trauma Risk Management programme developed by the UK military and now used within the NHS. The programme is evidenced to support traumatised staff, reduce sickness and facilitate access to professional care.¹²⁵ Ensuring that structured peer support and supportive leadership is available for staff can be a crucial part of maintaining wellbeing.

7.3 Providing Access to Professional Help

Emerging research indicates that the current crisis is likely to cause an increase in anxiety and depressive disorders among healthcare staff and some may go on to develop PTSD. As a result, some staff will need professional assessment and care. Having rapid access to ‘frontline’ mental health professionals in these circumstances is crucial. Initially, mental health professionals will attempt to normalise and/or ‘de-medicalise’ the issues that a staff member is experiencing by reinforcing practical measures that can often be implemented without need to progress to more formal supports.¹²⁶ Most staff experiencing early trauma symptoms will find that managed proactively, symptoms settle-down spontaneously, and the use of practical measures at an early stage have been shown to protect staff’s mental health in the longer term.¹² However, NICE guidelines also recommend active monitoring of trauma-exposed staff as a minority will undoubtedly need formal treatment.¹³ The earlier such treatment commences, the greater the likelihood that long term disability will be avoided.

¹²² Coronavirus (COVID-19): Mental health and returning to the workplace, Chartered Institute of Personnel and Development, 20th May 2020 <https://www.cipd.co.uk/knowledge/culture/well-being/supporting-mental-health-workplace-return>

¹²³ Tam CWC and Pang EPF et al. (2004) Severe acute respiratory syndrome (SARS) in Hong Kong in 2003: stress and psychological impact among frontline healthcare workers, *Psychol Med* 2004; 34:1197–204. <http://www.ncbi.nlm.nih.gov/pubmed/15697046>

¹²⁴ Greenberg, N and Tracy, D (2020) What healthcare leaders need to do to protect the psychological well-being of frontline staff in the COVID-19 pandemic, Editorial, *BMJ Leader*, 18th May 2020 <https://bmjleader.bmj.com/content/early/2020/05/17/leader-2020-000273>

¹²⁵ TRiM-Trauma Risk Management – An overview, Strongmind Resiliency Training, 2020 <https://strongmindresilience.co.uk/courses/trim-trauma-risk-management-an-overview/>

¹²⁶ Greenberg, N and Tracy, D (2020) What healthcare leaders need to do to protect the psychological well-being of frontline staff in the COVID-19 pandemic, Editorial, *BMJ Leader*, 18th May 2020 <https://bmjleader.bmj.com/content/early/2020/05/17/leader-2020-000273>

8. Wellbeing Initiatives Across the UK

In addition to existing mental health services that are available to support staff, governments across the UK have introduced a range of additional measures based on the principles of psychological first aid. More traditional support services such as counselling have also been expanded to accommodate expected increase in demand. Flexibility is a central component of the new measures with heavy reliance on digital solutions to remove the potential barriers that stigma, time pressures and social distancing guidelines can impose.

8.1 England

The Department of Health and Social Care commissioned NHS England to produce a package of materials and support services to help staff manage their own health and wellbeing while looking after others. This package includes:

- A free seven-day a week wellbeing support helpline and text service;
- An online portal with peer-to-peer, team and personal resilience support;
- A bereavement and loss support line; and
- #Caring4NHSpeople wellbeing webinars

Online peer to peer, team and personal resilience support is also available through web and app based services including Silver Cloud, Unmind, Headspace, Sleepio and Daylight. Staff are also able to access more formal mental health supports through a number of projects including 'Project5' and 'Frontline 19' which gives staff access to free one-to-one support sessions with accredited clinical psychologists, mental health experts, counsellors or psychotherapists.

Guidance on managing health and wellbeing was also published for the social care workforce which includes advice on how to build resilience, manage stress and support mental health. The guidelines were complemented by a dedicated digital hub called 'The Care Workforce' which provides access to relevant updates, wellbeing guidance and support as well as discounts.

Both NHS and social care staff have free access to the 'Stay Alive' app which aims to provide help to people with existing mental health concerns, suicidal thoughts, and those struggling in self-isolation. It provides information to help colleagues stay safe, including advice for people concerned about someone else who may be considering suicide.

Finally, Guidance for healthcare managers, from the British Psychological Society was released which includes a "pyramid of interventions" for healthcare staff, with psychological interventions at the top.

8.2 Wales

The 'Health for Health Professionals Wales' digital hub run by Cardiff University offers support and advice to all healthcare professionals, including doctors, nurses, healthcare professional students, paramedics, therapists, dentists and medical volunteers working in Wales during and post the COVID-19 pandemic.¹²⁷ NHS Wales staff can call a confidential helpline staffed by healthcare professionals, get access to face-to-face counselling sessions and be provided with guided self-help tools and online resources.¹²⁸

To meet predicted increase demand for services the Welsh government also provided an additional £1 million to employ more psychiatrists and medical advisers, run more counselling sessions and conduct further PTSD interventions. The expanded service is being provided through retired doctors and other healthcare staff who would like to support the NHS during the pandemic but who cannot, or do not want to return to the frontline. It will also include senior academics who at present are working full time in an academic role but would like to provide additional support.¹²⁹ The service will also support returning retired staff and healthcare professional students who are volunteering to assist in response to COVID-19 through the COVID Hub Wales.

8.3 Scotland

In Scotland, initial mental health advice issued by the government highlighted looking after basic needs, taking regular breaks and allowing time for sleep.¹³⁰ In March, the government announced £3.8 million extra funding to rapidly increase the capacity of NHS 24's mental health helpline services and expand digital therapies.¹³¹

This was followed by the announcement of a new national digital platform called 'The National Wellbeing Hub' which enables staff, carers, volunteers and their families to access relevant support when they need it. The hub provides a range of self-care and wellbeing resources based on the principles of psychological first aid which are aimed at supporting resilience and to help users to recognise their own 'warning signs'. Comprehensive information about the services and resources available at national and local level within NHS

¹²⁷ Health for Health Professionals Wales website <https://www.hhpwales.co.uk/>

¹²⁸ Mental health support scheme for doctors extended to every frontline healthcare worker in Wales, Welsh Government Website 16th April, 2020 <https://gov.wales/mental-health-support-scheme-doctors-extended-every-frontline-healthcare-worker-wales>

¹²⁹ Mental health support scheme for doctors extended to every frontline healthcare worker in Wales, Cardiff University, 16th April 2020 <https://www.cardiff.ac.uk/news/view/2235750-mental-health-support-scheme-for-doctors-extended-to-every-frontline-healthcare-worker-in-wales>

¹³⁰ MacDonald, M (2020) Mental Health Awareness Week: The impact of coronavirus on health and social care workers, House of Commons Library, May 18th 2020 <https://commonslibrary.parliament.uk/insights/mental-health-awareness-week-the-impact-of-coronavirus-on-health-and-social-care-workers/>

¹³¹ Unique support for health and social care, News, Scottish Government Website, 11th May 2020 <https://www.gov.scot/news/unique-support-for-health-and-social-care/>

Boards, Health and Social Care Partnerships (HSCPs) and local authorities will also be available.¹³²

8.4 Northern Ireland

On the 19th May 2020 the Department of Health (DoH) published a Mental Health Action Plan as part of an overall commitment to improve the mental health of the population in Northern Ireland. The Action Plan contains 38 actions, including a plan to deal with the mental health implications resulting from COVID-19.¹³³ The plan has a dedicated section for supporting health and social care staff, acknowledging that¹³⁴:

‘Staff are at specific risk of negative outcomes, with challenges such as moral dilemmas relating to inadequate resources, fears about lack of knowledge or experience and the traumatic experiences faced.’

The actions being taken by the DoH are modelled on the globally recommended response of psychological first aid. Three specific support mechanisms have been created to support health and social care staff, namely¹³⁵ :

- A framework for supporting staff developed by clinical psychology with input from others such as Trade Unions, occupational health services and HSC organisations;
- A seven day a week phone line to help and support all health and social care workers; and
- A handbook for new staff who have qualified earlier than expected.

The plan acknowledges that it is essential for appropriate evidence based support to be available for those who need it, especially staff working on the front line across the statutory, independent and community and voluntary sectors. Support will be provided digitally using online tools and apps as well as through more traditional support channels if required.¹³⁶

9. Conclusion

As lockdowns are gradually lifted and healthcare systems attempt to move towards resuming regular services, ensuring staff wellbeing is seen as crucial part of the recovery process. Without adequate support, health workers are at risk of long term mental health outcomes

¹³² National Wellbeing Hub for health and Social Care, Scottish Government <https://www.promis.scot/>

¹³³ Swann publishes Mental Health Action Plan, Department of Health Website, 19th May 2020 <https://www.healthni.gov.uk/news/swann-publishes-mental-health-action-plan>

¹³⁴ Mental Health Action Plan, Department of Health 2020, page 35 <https://www.healthni.gov.uk/sites/default/files/publications/health/mh-action-plan-plus-covid-response-plan.pdf>

¹³⁵ Mental Health Action Plan, Department of Health 2020, page 44 <https://www.healthni.gov.uk/sites/default/files/publications/health/mh-action-plan-plus-covid-response-plan.pdf>

¹³⁶ Mental Health Action Plan, Department of Health 2020, page 45 <https://www.healthni.gov.uk/sites/default/files/publications/health/mh-action-plan-plus-covid-response-plan.pdf>

which could in turn lead to substantial long-ranging implications for workplace morale, patient safety, quality of care, and health care costs, including costs related to staff turnover as has been seen in Italy and China during the current pandemic.

Undoubtedly, being exposed to increased death and suffering, working with critically ill patients with little information on how best to treat them and conflict between their desire to protect themselves and their oath to protect patients will all take its toll on health and social care staff. These issues are likely to be compounded by a perceived lack of support from management with reports of inadequate training, lack of PPE and involuntary deployment increasing feelings of anger and disillusionment among staff.

Positively, mental health experts highlight that psychological injury is not inevitable and for the majority of health and social care staff, adverse mental health outcomes experienced during the pandemic will be temporary. However, this is largely dependent on the level of support staff receive immediately and on an ongoing basis thereafter. For those who do experience more significant mental health issues, much can be done by management and leaders to ensure that staff receive support at an early stage to minimise the extent these issues will have on both the personal and professional life of staff.

In the event of a second wave of COVID-19 the continued availability of mental health supports is crucial. Equally, ensuring comprehensive training, adequate PPE and supportive management practices will offer a significant protective effect and go a long way towards reducing the exposure of staff to adverse mental health outcomes in the first place.

It is hoped that an increased focus on the mental health of staff during COVID-19 will help to reduce the overall stigma surrounding the importance of psychological well-being for health and social care staff and secure better outcomes both now and in the future.