

How COVID-19 surge impacted mental health of NHS staff

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A healthcare worker at San Salvatore Hospital in Pesaro, Italy, in March 2020.
Credit: Alberto Giuliani. Credit: Wikimedia Commons. CC BY-SA 4.0

Almost two-thirds (64%) of intensive care staff may have experienced a mental health disorder during the COVID-19 winter surge last year, according to a new study led by researchers from UCL and King's

College London.

A similar proportion of staff said their ability to do their job was impaired because of the state of their mental health, researchers found.

The peer-reviewed study, published in the *British Journal of Anaesthesia*, concluded that the prevalence of mental health disorders among intensive care staff was likely to affect [patient care](#) and the long-term welfare of staff.

For the study, staff at 56 intensive care units in England answered questions designed to assess their mental health and whether their ability to carry out day-to-day tasks was affected. In total, 6,080 survey responses were completed before last year's winter surge (November–December 2020), during the surge (January–February 2021) and after (April–May 2021).

The researchers found that during the surge, 64% of respondents met the criteria for having a mental health disorder—encompassing depression, anxiety, harmful use of alcohol and post-[traumatic stress disorder](#) (PTSD)—while 69% of respondents reported that their ability to carry out daily tasks was impaired by their mental health.

Around 45% of the correspondents met the criteria for PTSD—a level at least as high as that seen in British military veterans who had been deployed in Afghanistan in a combat role.

Professor Kevin Fong (UCL Science, Technology, Engineering & Public Policy, or STEaPP), senior author on the paper and also a consultant anaesthetist at UCLH, said: "This study shows the impact that the COVID-19 pandemic has had on the mental health and well-being of NHS staff working in intensive care units. The scale and severity of the symptoms reported here are impossible to ignore.

"The comparatively poor mental health and well-being of the NHS workforce is a long-standing issue that for too long has been seen as secondary to the core business of the NHS. However, poor mental health affects absence rates and staff retention and, as our study suggests, likely impacts the quality and safety of patient care.

"Improving well-being is about more than better access to [mental health services](#) for NHS staff. Those things are essential but prevention, as always, is better than cure. However, prevention here isn't easy or cheap: we need investment in better buildings, better rest areas, better working conditions and more staff.

"This is often cast as a difficult choice: between investing in what patients need and what staff need. But in truth there is no choice: to care properly for our patients, we need to care properly for our workforce."

Professor Neil Greenberg, Professor of Defense Mental Health at the Institute of Psychiatry, Psychology & Neuroscience at King's College London, co-senior author, said: "There is a huge amount of evidence which shows that people who are experiencing mental health disorders are substantially more likely to have a poorer quality of life, function poorly at work and elsewhere and are at increased risk of sickness absence or premature departure from their job.

"Currently the NHS is experiencing an unrelenting demand for services from ICU staff, but also from all the other amazing individuals that make up the organization.

"Our results highlight the pressing need to ensure that all NHS staff are able to rely on support from their peers and supervisors, as well as having access to evidence-based care if they are unfortunate enough to develop a mental health problem.

"The U.K. already recognizes military veterans as a special group and the NHS provides them with dedicated, priority health care allowing them more rapid access to assessment and treatment than other members of the general population.

"Our results demonstrate that the same should apply to NHS staff who have undoubtedly been the country's first line of defense over the past two years, and most probably for much longer. We cannot afford to have NHS staff waiting to receive evidence based mental health care; instead the nation should do all they can to ensure that those NHS staff who are damaged by their work have access to priority care in the same manner as is afforded to military veterans."

The surveys were designed to estimate prevalence of four mental health disorders: depression, general anxiety disorder, harmful use of alcohol and PTSD. The researchers found that levels of these disorders were lower before and after the surge. In the April–May surveys after the surge, 45% of respondents met the criteria for having a mental health disorder, while 29% met the criteria for PTSD/ Nevertheless, these levels are still very high compared with what one would expect when compared with the general public.

Levels of functional impairment remained high in April–May after the surge, with 52% of respondents reporting that their ability to carry out daily tasks was impaired by their [mental health](#) and this is a significant concern.

Younger, less experienced staff and nursing staff were more likely to meet the criteria for having a [mental health disorder](#), the study found. More than half of the respondents were nurses (57.5%), while 27.9% were doctors, and 14.5% were other health care staff.

The researchers cautioned that the survey alone is not diagnostic and that

because it relies upon the self-reporting of symptoms, it should be seen as providing estimates of prevalence only. Nevertheless, these findings have serious implications for the NHS and how it should recover its workforce following the extraordinary challenges experienced during the COVID-19 pandemic.

More information: Charlotte E. Hall et al, The mental health of staff working on intensive care units over the COVID-19 winter surge of 2020 in England: a cross sectional survey, *British Journal of Anaesthesia* (2022). [DOI: 10.1016/j.bja.2022.03.016](https://doi.org/10.1016/j.bja.2022.03.016)

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