

# Improved mental health support for frontline workers urgently needed

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Frontline healthcare workers need a range of 'flexible', 'easily accessible' and 'consistent' psychological support to overcome the significant mental health burden resulting from the COVID-19 pandemic, finds a new study of NHS and community-based staff, led by UCL researchers.

In a 'call to action', the team of psychiatrists and psychologists, who formed the 'COVID Trauma Response Working Group', say there needs to be an increase in mental [health](#) awareness training for all staff in health and social care settings, supported by more assertive outreach to identify those most in need.

In addition, more sustained funding is needed for psychological support services—not just during crises—and equity of access to support needs to be ensured between different teams, services and localities, across the entire health and social care sector.

Explaining the study, lead author Dr. Jo Billings, Associate Professor at UCL Division of Psychiatry said: "In the UK, it has been estimated that 45-58%

of the frontline health and social care workforce met criteria for clinically significant levels of anxiety, depression and/or PTSD shortly following the first wave of the pandemic.

"This is amongst a workforce already under considerable strain pre-COVID-19, as evidenced by the growing incidence of stress, burnout, depression, drug and alcohol dependence and suicide across all groups of health professionals, worldwide.

"The need to support the mental health of frontline staff during COVID-19 has been recognized, however this pandemic has also highlighted a paucity of research on the mental health needs of frontline health and social care workers, and a lack of evidence-based guidance about what psychosocial support might be most effective in helping them."

For the in-depth qualitative interview study published in *PLOS ONE*, 25 frontline staff (17 female, 8 male) from a range of professions, services and localities—but who all worked directly with COVID-19 patients—were interviewed between June 1st and July 23rd, 2020.

Health and social care workers were asked to describe their experiences and views about psychosocial support during the pandemic.

## Research findings

Support from psychological services, when available, was largely valued, and those who had accessed them, or knew others who had, spoke positively about them. However, there appeared to be large disparities in what was available and significant barriers to access.

Many described service provision as confusing and poorly communicated, leading to a lack of awareness about services available. It was also

described as inflexible with some services only available Monday to Friday in working hours, which did not correspond to the shift patterns that most staff worked during the pandemic. Further many said they were too busy to access support services during the available times.

The interviews revealed there were 'striking inconsistencies' in the provision of mental health support across healthcare services, noted by those who moved between locations and specialties. There were particular barriers to access for staff who were not employed by the NHS, restricting access to many NHS based services for social care staff and agency staff not on NHS contracts.

Participants also referenced an ongoing reluctance and stigma, summed up by Nathan, a junior doctor, "The problem with healthcare is that mental health is slightly stigmatized in healthcare workers and people don't want to admit that there is a problem...they stress a culture of resilience and I don't think anyone wants to be seen as being unable to cope with anything."

Dr. Billings, who is also a Consultant Clinical Psychologist, said: "Significant steps need to be urgently taken to improve the psychological wellbeing and morale of the UK health and social care workforce and to ensure that the services they deliver to the UK population are sustainable, during the COVID-19 pandemic and beyond. Resources for support need to be made consistently available, and easily accessible to all staff. However, systemic and cultural barriers to access need to be addressed to ensure that accessing such resources is not inadvertently stigmatizing. Access to resources also needs to be equitable, within different teams and localities and across the health and social care workforce."

### Other recommendations put forward by the group

Staff need 'protected time' during work to access wellbeing and psychological services; staff who are redeployed between teams need additional support; role modeling by senior [staff](#) and culture change are needed to increase willingness to talk; and a flexible combination of peer, organizational

and professional support, is most likely to be acceptable and effective.

Co-author, Dr. Michael Bloomfield, UCL Division of Psychiatry and Consultant NHS Psychiatrist, said: "The results of this study show that a 'one-size fits all' approach to providing support is unlikely to be helpful. Nevertheless, these systems of support need to be coherent, consistently communicated and easily accessible."

Fellow author, Dr. Talya Greene (UCL Division of Psychiatry and University of Haifa) added: "More research is needed to fully unpack the structural, systemic and individual barriers to accessing psychosocial support. The views of workers from minority professional and ethnic groups need to be assertively included in future research. More collaboration, consultation and co-production of support services and their evaluation is warranted."

The survey was led by the 'COVID Trauma Response Working Group', formed by UCL clinical academics at the start of the pandemic. The group also includes mental health experts from the NHS, Oxford University, King's College London and the University of Haifa, Israel.

**More information:** What support do frontline workers want? A qualitative study of health and social care workers' experiences and views of psychosocial support during the COVID-19 pandemic, *PLOS ONE* (2021). [DOI: 10.1371/journal.pone.0256454](https://doi.org/10.1371/journal.pone.0256454)

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