

SUPPORTING THE MENTAL HEALTH AND WELL-BEING OF THE HEALTH AND CARE WORKFORCE



NAVIGATING THE REPORT

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RESOURCE LINKS

- **Webinar 1** was held on 24 September 2020 and focused on promoting and protecting the mental well-being of the health and care workforce – from self-care to dedicated support.
- **Webinar 2** was held on 22 October 2020 and focused on employer practices and policies to support the well-being of the health and care workforce.
- **Webinar 3** was held on 19 November 2020 and focused on the role of professional associations, civil society and community organizations, and local governments in supporting the health and care workforce and promoting their well-being.



“As the economic and social impacts of the pandemic expand, we can expect to see a rise in mental health conditions. Frontline health and care workers are particularly affected. We must use this opportunity to build mental health services that are fit for the future: inclusive, community-based and affordable.”

Dr Tedros Adhanom Ghebreyesus,
WHO Director-General



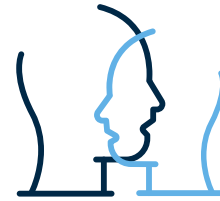
“Mental illness is taking its toll both on those who were already at risk, as well as for those who have never sought mental health support before. Poor mental health has become a parallel pandemic.”

Dr Hans Henri P. Kluge,
WHO Regional Director for Europe

The focus of this report is to share reflections, experiences and resources discussed during a three-part webinar series held by the WHO Regional Office for Europe towards the end of 2020. The focus of these webinars was to shed light on:

- the spectrum of practical tools and interventions that have been used across the WHO European Region to support the mental health and well-being of the health and care workforce and their employers in relation to stress management, psychological support and mental health care;
- new ideas and approaches for countries that have not started rolling out supports; and
- how such tools have been rolled out or integrated into the response to COVID-19 outbreaks at community and national levels.

2. THE CHALLENGE AT HAND



The COVID-19 pandemic is placing extraordinary demands on the health and care workforce, both physically and mentally. Research has shown that health and care professionals are experiencing higher levels of anxiety (13.0% versus 8.5%) and depression (12.2% versus 9.5%) compared to professionals from other areas.¹ Research² shows that as many as 43% of frontline workers are experiencing significant levels of anxiety, with a prevalence of 27% in nurses and 17% in medical doctors. This has been described as a worsening from before the pandemic.³

While little is known about the social care workforce or the primary care workforce, one study has reported that as many as 40% of clinical staff working in intensive care met the clinical threshold for post-traumatic stress disorder, 13% had thoughts of being better off dead, 11% had severe anxiety, 7% had problem drinking and 6% depression.⁴

Rates of anxiety, fear and emotional distress linked to feelings of helplessness, lack of support and essential personal protective equipment (PPE),

the trauma of COVID-related death and fear of transmitting the virus to friends and family have all increased.

The pandemic presents a wide range of risks to workers' mental health and safety,^{5,6} with some groups of the health and care workforce facing more risk factors than others.⁷

This poses a very real threat not only to workers' own mental health and well-being, but also to their ability to provide compassionate and effective care to service users and ultimately to the availability of an already short-in-supply workforce.

Long-term solutions to address health and well-being support for health and care workers are needed across the WHO European Region not only to secure a sustainable supply of workers, but also to mitigate the long-term impacts of decreased quality of life long after the pandemic, given that the effects can be expected to endure for lengthy periods, if mental health conditions are not addressed.



LONG-TERM SOLUTIONS TO ADDRESS HEALTH AND WELL-BEING SUPPORT FOR HEALTH AND CARE WORKERS ARE NEEDED ACROSS THE WHO EUROPEAN REGION



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RESOURCE LINKS

- [Frontline responders from across the European Region in North Macedonia, the Netherlands, Spain and the United Kingdom describe the immense mental, physical and social impact on their lives.](#)

1 DaSilva da Silva FCT, Neto MLR. Psychological effects caused by the COVID-19 pandemic in health professionals: a systematic review with meta-analysis. *Prog Neuropsychopharmacol Biol Psychiatry* 2021;104:110062.

2 Santabárbara J, Bueno-Notivol J, Lipnicki DM, Olaya B, Pérez-Moreno M, Gracia-García P et al. Prevalence of anxiety in health care professionals during the COVID-19 pandemic: A rapid systematic review (on published articles in Medline) with meta-analysis. *Prog Neuropsychopharmacol Biol Psychiatry* 2021;107:110244.

3 Rimmer A. Nearly two thirds of doctors have anxiety or depression, BMA survey finds. *BMJ* 2021;372:n22.

4 Greenberg N, Weston D, Hall C, Caulfield T, Williamson V, Fong K. Mental health of staff working in intensive care during COVID-19. *Occup Med (Lond)*. 2021;kqaa220. doi:10.1093/ocmed/kqaa220. Online ahead of print. PMID: 33434920.

5 Lai J, Ma S, Wang Y, Cai Z, Hu J, Wei N, Wu J et al. Factors associated with mental health outcomes among health care workers exposed to coronavirus disease 2019. *JAMA Netw Open* 2020;3(3):e203976. doi:10.1001/jamanetworkopen.2020.3976.

6 Sanghera J, Pattani N, Hashmi Y, Varley KF, Cheruvu MS, Bradley A et al. The impact of SARS-CoV-2 on the mental health of healthcare workers in a hospital setting – a systematic review. *J Occup Health* 2020;62(1):e12175. doi:10.1002/1348-9585.12175.

7 Luo M, Guo L, Yu M, Jiang W, Wang H. The psychological and mental impact of coronavirus disease 2019 (COVID-19) on medical staff and general public – a systematic review and meta-analysis. *Psychiatry Res.* 2020;291:113190. doi:10.1016/j.psychres.2020.113190.

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3. RESPONDING WITH COMPASSION



During the webinar series, experts discussed the importance of compassion. Some may feel that showing compassion to the workforce is not vital, not necessary, or even signals weakness. All agreed, however, that the importance of compassion should not be overlooked. Speakers from England (United Kingdom), Ireland and Ukraine described showing compassion as good, responsible and competent management practice. It is also a critical part of efforts to support and retain the health and care workforce.

Panellists over the course of the webinar series echoed the importance of leading by example from the highest level of government. Leaders at national level can set the tone for managers and employers at service and facility level. Of course, leadership at national level can put in place formal frameworks and governance structures to support the workforce, but above that, it can also emphasize that:

- feeling pressure in health and care roles is normal;
- all workers should be treated with respect and their concerns dealt with compassionately; and
- compassion underpins the development and roll-out of all interventions to support the workforce.

Public and national-level displays of compassion can empower managers and employers to demonstrate this themselves and play an active role in ensuring that the health and social care

workforce also understand and accept that their mental health can easily be compromised by the work they do. Good management can help to normalize the stress reactions of the workforce when faced with highly challenging situations, such as the pandemic.

Reaching out when it is needed is vital. Channels should be open for people to come forward with concerns, no matter how small they may seem – concerns are important and should be responded to with kindness and compassion.

People in the workforce, especially during times of crisis, appreciate being told that they are doing a good job. Managers and employers should take time out to praise, encourage and reward. Some workers may make more mistakes under pressure – if so, managers should be kind and not make matters worse by undermining the person's confidence and self-esteem.

Furthermore, staff well-being thrives when teams are enabled to support one another and are also trained in being supportive. Managers and employers can encourage teams to:

- check in with each other during and after shifts
- ask if colleagues are okay
- spot key signs of concern
- know where to direct colleagues quickly to support.

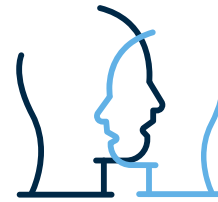


RESOURCE LINKS

- [Webinar 1](#) was held on 24 September 2020 and focused on promoting and protecting the mental well-being of the health and care workforce – from self-care to dedicated support.

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4. ADOPTING A STEPPED APPROACH TO MENTAL HEALTH SUPPORT



Experts from Ireland and the United Kingdom discussed the need to prioritize and ensure that individuals and groups receive the right kind and level of support from competent practitioners at the right time. Experts shared how their countries are taking stepped, or layered, approaches to rolling out services.

Panellists also discussed the importance of understanding who is at risk and the level of the risk they face, which can help national authorities, employers and managers at local levels to prioritize initiatives to scale up mental health and psychosocial supports across the workforce.

In several countries, this has involved ensuring appropriate support is in place for the health and care workforce wherever people are working and at whatever points they are at in their careers. In Scotland (United Kingdom) and Ireland, national COVID-19 taskforces have dedicated efforts to map the layers of need and interventions that can be adapted to suit different stages of distress and the effects of COVID-19 – from simple advice and

self-help interventions, through access to support resources (digital and otherwise), to support for mental health crisis from specialist teams.

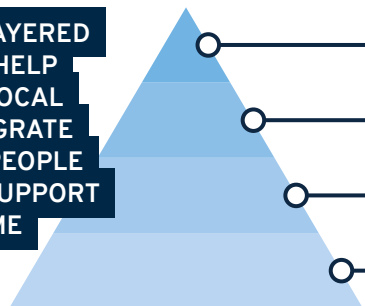
Speakers identified several advantages for adopting a stepped or layered approach, such as the approach being used by national authorities to match existing support mechanisms, including digital tools, to enhance delivery of mental health and psychosocial support to specific levels of need.

Digital tools come in many forms. They include:

- telephone helplines
- mobile apps
- online training programmes
- social media platforms.

The challenge is to ensure that the most effective options are used and made available to workers to meet their individual needs – this will not only ensure that workers get the right support at the right time, but might also avert the wasting of resources on unnecessary technologies and avoid overloading workers with options of unequal merit.

A STEPPED OR LAYERED APPROACH CAN HELP NATIONAL AND LOCAL ACTORS TO INTEGRATE RESPONSES SO PEOPLE GET THE RIGHT SUPPORT AT THE RIGHT TIME



Specialised services

Mental health care by mental health specialists (psychiatric nurse, psychologist, psychiatrist, etc.)

Focused (person-to-person) non-specialised supports

Basic mental health care by Primary Health Care doctor. Basic emotional and practical support by community workers.

Strengthening community and family supports

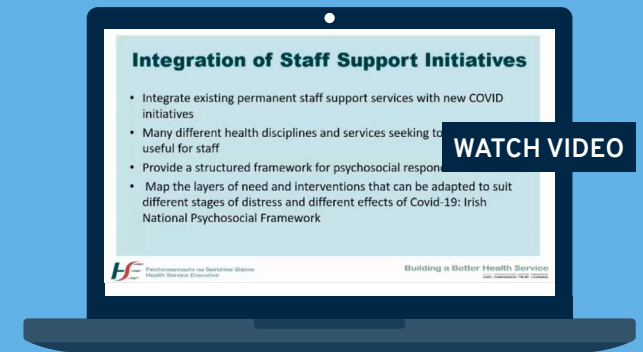
Activating social networks. Supportive child-friendly spaces. Communal traditional supports.

Social considerations in basic services and security

Advocacy for basic services that are safe, socially appropriate and protect dignity.

Source: WHO⁸

8 Addressing mental health and psychosocial aspects of covid-19 outbreak. Geneva: IASC Reference Group MHPSS, 2020 (https://interagencystandingcommittee.org/system/files/2020-11/IASC%20Interim%20Briefing%20Note%20on%20COVID-19%20Outbreak%20Readiness%20and%20Response%20Operations%20-%20MHPSS_3.pdf, accessed 3 March 2021).



RESOURCE LINKS

- IASC guidance on [Addressing mental health and psychosocial aspects of covid-19 outbreak](#)
- WHO Guidance on COVID-19: [Occupational health and safety for health workers](#)
- [Mental health and psychosocial considerations during the COVID-19 outbreak](#)
- Understanding [Psychosocial risks in the workplace during COVID-19 pandemic: ILO guidance](#)
- [Organization of services for mental health: WHO mental health policy and service guidance package](#)
- [Webinar 2](#) was held on 22 October 2020 and focused on employer practices and policies to support the well-being of the health and care workforce.

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5. COLLABORATING ACROSS SECTORS AND LEVELS FOR AN EFFECTIVE RESPONSE



Participants of the webinar series heard about the importance of national and local efforts bringing together different sectors and stakeholders and integrating with COVID-19 initiatives at national level. National and regional collaboration is central to:

- establishing shared understanding of needs over the short and long terms;
- setting common goals;
- establishing whole-of-system ownership and buy-in from all sectors and stakeholders; and
- staging and prioritizing, identifying key elements of the workforce whose needs are greatest and who need rapid interventions.

Staging and prioritization are also key elements of a nationally coordinated approach to providing and enabling support for mental health and well-being. In a context where resources are limited, staging and prioritizing can allow authorities to start rolling out services for the groups with highest needs (those in intensive care units, emergency departments and care homes) and eventually reaching the rest of the workforce.

Such collaborations can help identify existing assets that workers can access for support and identify where new resources need to be developed.

CASE STUDY

In the United Kingdom (Scotland), collaboration across Scotland is managed and coordinated by a well-being champions network with local representatives.

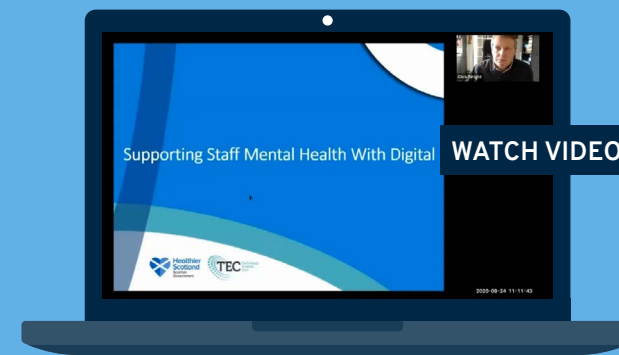
The value of this network has been to provide a forum to collect insight and identify the needs of the workforce, which is then fed into central government, and to share good practice across organizations. It can bring together:

- local and regional NHS delivery organizations
- local and regional health and social care partnerships
- local authorities/local government
- social services authorities.

A RANGE OF SECTORS, STAKEHOLDERS AND PROFESSIONAL GROUPS CAN BE PART OF NATIONALLY LED TASK FORCES



Credits: Based on work presented by Chris Wright, National Advisor for Digital Mental Health, NHS Scotland, United Kingdom.



RESOURCE LINKS

- WHO supports all Member States to conduct an inclusive health policy dialogue that engages all players – political, technical, and social – in **the development of national health policies, strategies, and plans.**
- **The Health workforce policy and management in the context of the COVID-19 pandemic response** contains strategic policy recommendations for health workforce planning, support and capacity-building.
- **Webinar 1** was held on 24 September 2020 and focused on promoting and protecting the mental well-being of the health and care workforce – from self-care to dedicated support.

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6. SECURING SUPPORT AND CAPACITY



Several measures for securing capacity to support the mental health and well-being needs of the workforce were discussed during webinar 1. Surge capacity has been created in some countries by repurposing existing personnel and recruiting retired professionals. In others where licensing procedures allow, psychology students and students from health and care programmes have been engaged to provide extra support during the pandemic.

In webinar 2, participants heard about efforts in a regional health centre in Alentejo, Portugal, in which interested staff are engaged on a part-time basis to help with initiatives, thereby introducing an opportunity for professional development.

Mobilizing capacity, however is not enough and country experiences have shown the importance of training and engaging with psychology professionals and **professional bodies for guidance** and support. Participants discussed the importance of training everyone in basic psychosocial skills, as outlined by the Inter-agency Standing Committee for Mental Health. The WHO Open course on “Occupational health and safety for health workers in the context of COVID-19” can also be useful to support countries to streamline increased capacity across entire services and settings.

CASE STUDY

In Alentejo, Portugal, the Unidade Local de Saúde do Baixo Alentejo (ULSBA) hospital network has organized a team of psychiatrists, nurses, social workers and occupational health staff who dedicated part of their time to developing, delivering and evaluating an **onsite service** with offers ranging from promoting self-care to one-on-one interventions.

CASE STUDY

WHO and the Ukrainian Centre for Public Health have developed **a training course for health workers on mental health and psychosocial support** during COVID-19 to train employers and managers to understand occupational mental health. This has been developed to help them ensure the workforce has access to the right preventive and psychological intervention support. The national training package, which is based on WHO and other agency guidelines, aims to ensure mental health and psychological support is included as an integral part of all stages of health sector responses to emergencies, particularly the COVID-19 pandemic. Crucially, the first module of this four-module programme targets health service managers.

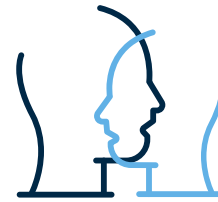


RESOURCE LINKS

- The interim guidance on the **Prevention, identification and management of health worker infection in the context of COVID-19** provides recommendations for post-exposure risk assessment and management of infections in health workers
- IASC guidance on **Addressing mental health and psychosocial aspects of covid-19 outbreak**
- **Basic Psychosocial Skills: A Guide for COVID-19 Responders**
- **OPEN WHO course** on Occupational health and safety for health workers in the context of COVID-19
- WHO and the Ukrainian Centre for Public Health **training course for health workers on mental health and psychosocial support** during COVID-19
- **Webinar 1** was held on 24 September 2020 and focused on promoting and protecting the mental well-being of the health and care workforce – from self-care to dedicated support.
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7. ENSURING ACCEPTABILITY AND ACCESSIBILITY



Participants raised the issue of stigma on several occasions. Stigma associated with mental health problems may be prevalent not only in wider society, but also among the workforce. Perceptions of stigma can impose barriers to health workers accepting they have a problem and coming forward to access the mental health and psychosocial support available to them.

By working in cooperation with local employers and managers, national authorities can promote a stigma-free environment inside health sector premises and the wider community, normalizing the stress and mental health challenges the workforce face and reaching out to colleagues in and outside the health sector. This may include signalling that an element of role-modelling of vulnerability through self-disclosure is permissible, promoting the idea that “it is okay not to be okay”.

Several points were made during webinars 1 and 2 by experts on how to ensure the acceptability of, and accessibility to, mental health supports for the health and care workforce. Some of the measures identified by panellists include:

- sharing evidence either on why initiatives are being rolled out or how they can benefit the workforce;
- guaranteeing anonymity and confidentiality through assurances of complete confidentiality when a health or care worker reaches out for support and in all communications around the support available;
- advertising and making resources available locally and nationally when and where staff need them;

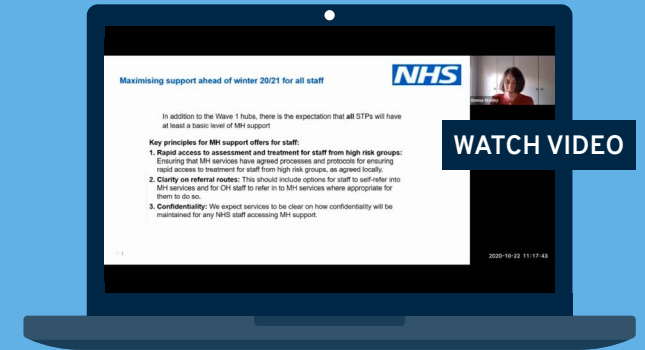
- ensuring self-referral for all health and care professionals;
- developing single access points for information on the range of initiatives available; and
- keeping advice simple, practical and dynamic, using videos and interactive media with useful information.

Experts agreed that the more awareness workers have of support available to them, the greater the chances of the workforce accepting that feeling the pressure is normal and okay.

Panellists discussed how important it is not to offer **too many options that people can access**. Information overload can confuse people and perhaps even add to their stress.

CASE STUDY

In the United Kingdom (Scotland), the **National Wellbeing Hub** has been developed as a single-point-of-access resource to which all people working in health and social care can turn for advice and support. The hub is also an important source of messages from leaders, like the Minister of Health, about the importance of seeking mental health supports. It provides evidence and information for individuals about the potential impact of not seeking help when under pressure and addresses doubts in seeking help.



IT IS IMPORTANT, NOT TO OFFER TOO MANY OPTIONS THAT PEOPLE CAN ACCESS. THIS CAN CONFUSE PEOPLE AND PERHAPS EVEN ADD TO THEIR STRESS

RESOURCE LINKS

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8. MONITORING THE RESPONSE TOWARDS CONTINUOUS IMPROVEMENT



Panellists recognized the need to collect evidence from their activities and mechanisms to establish how effective they are in supporting the mental health and well-being of the workforce. Ultimately, evaluation is about learning and improvement – learning what works, what doesn't, and what needs to be done to make things better.

The provision of effective, evidence-based mental health and psychosocial support was discussed as an iterative, ongoing process that needs to be evaluated continuously at all levels, by facility managers and employers as well as by identified government authorities.

Key questions that can be evaluated are:

- who is accessing mental health support?
- in what kind of work are they engaged?
- what roles do they have?
- what is and is not working?

Evaluation reveals areas where greater focus, efforts or resources may be needed, but also areas that are working well and are achieving success. Evaluation can be used to assess the cost of mental health services for staff and the benefits of providing these in terms of staff turnover and retention.

CASE STUDY

One health authority in the United Kingdom (England) found that feedback from evaluation surveys conducted with the workforce were very positive and encouraging. The **surveys** found that measures the organization had put in place to support workers during the pandemic, such as access to a mindfulness app and to fast-track physiotherapy to help deal with muscular and joint problems, were very much appreciated and valued.

COUNTRY CASE STUDY

In Alentejo, Portugal, the Unidade Local de Saúde do Baixo Alentejo (ULSBA) hospital network has been **evaluating its occupational health service since its creation in 2017**. The service, which provides primary, secondary and tertiary interventions for its staff, has been able to demonstrate the financial benefits of their psychology and psychiatry services. It has also been able to show a 400% increase in staff using the service.



FEEDBACK FROM EVALUATION SURVEYS CAN HELP MANAGEMENT AND AUTHORITIES UNDERSTAND UPTAKE OF SERVICES AND WHAT WORKS OR DOESN'T

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9. TIPS FOR MANAGERS AND EMPLOYERS



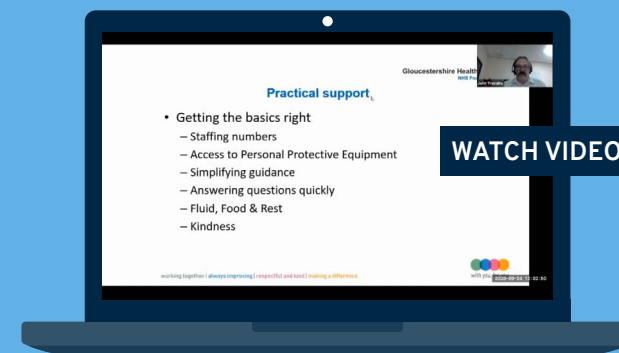
The webinar series identified several tips on what managers and employers can do and use to achieve maximum benefits for the workforce in this time of critical need. Managers and employers, however, need to be supported to have the resources to implement these measures in practice.

- **Get the basics right:** be grounded, uncomplicated and clear in your approach.
- **Promote a stigma-free environment,** normalizing the stress and mental health challenges the workforce face.
- **Integrate psychological support initiatives** into the workplace COVID-19 response plan.
- **Ask workers how they are doing:** be consultative and make surveys to take the pulse of how workers feel.
- **Take time out to praise, encourage and reward:** people appreciate being told they are valued.
- **Create systems to monitor stress and burnout and provide psychological support:** good well-being builds from teams – encourage teams to check on each other.

- **Pay attention to workers with pre-existing mental health conditions,** who may need further support.
- **Make stress reduction and relaxation techniques available,** including through the use of digital tools.
- **Inform workers about how they can access mental health and psychosocial support services.**
- **Make mental health professionals available:** there are examples from across the European Region of mental health professionals supporting workers.
- **Recognize that good mental health and psychosocial support does not need to be heavily resource intensive:** it's about putting in place sensible mitigation strategies and practical steps that give people support when they need it.
- **Maintain confidentiality** about the services provided to individual workers at all times.

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