

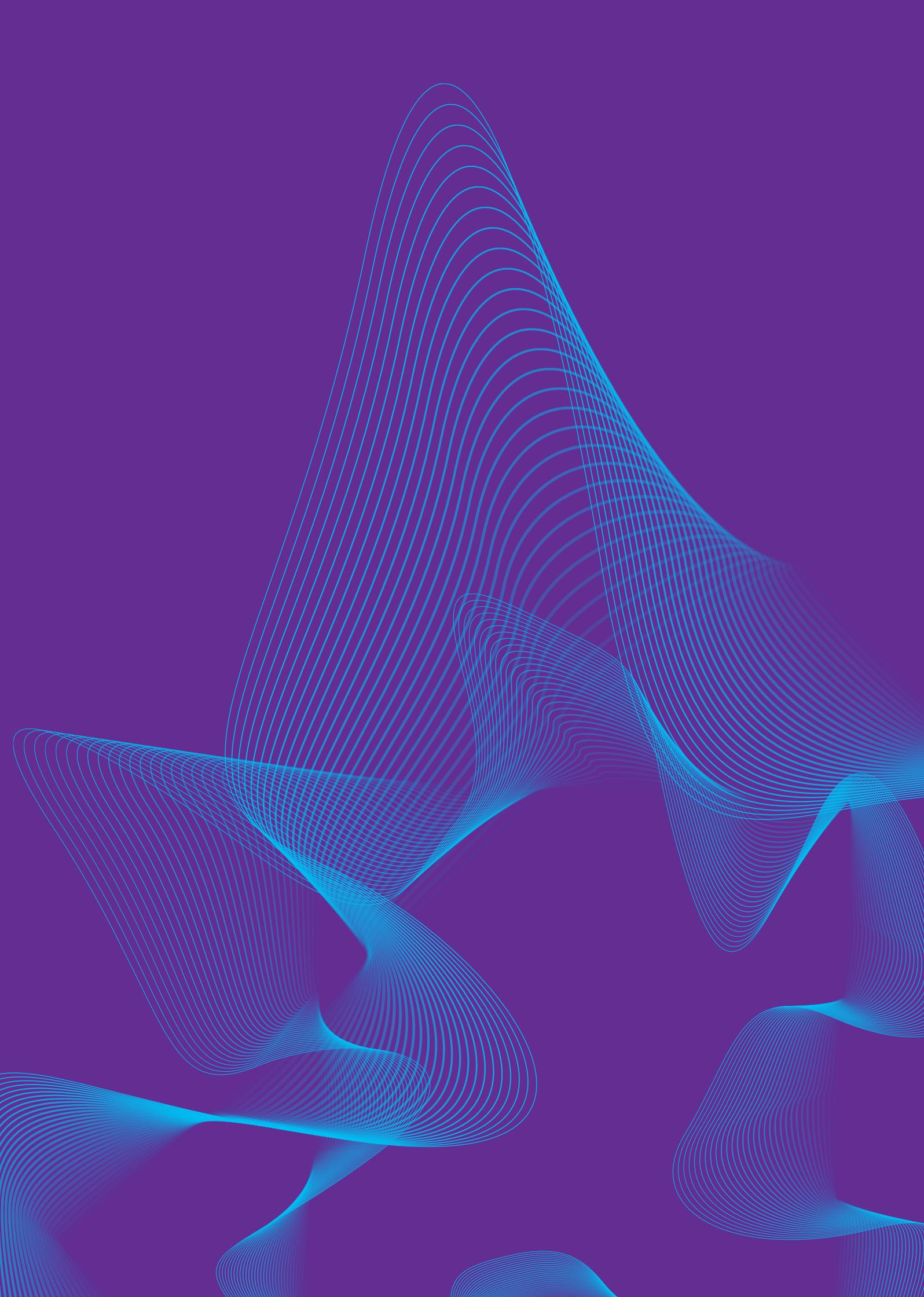
**THE
POLICY
INSTITUTE**

KING'S
College
LONDON

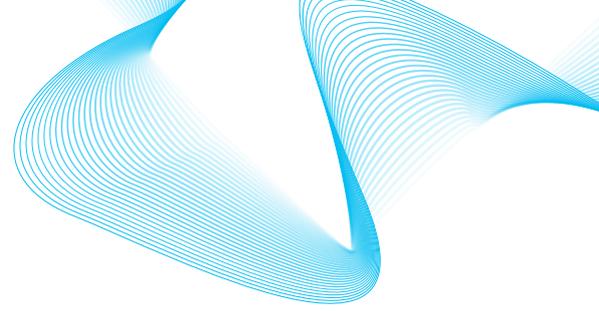
Supporting the mental health of NHS staff as part of post-pandemic recovery

Alexandra Pollitt and Ross Pow

June 2022



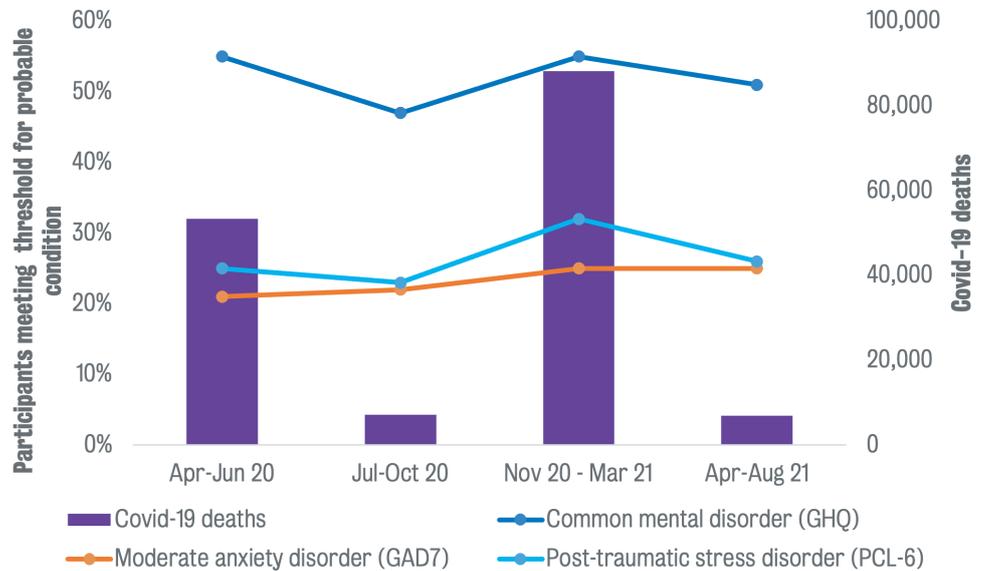
Background



NHS CHECK is a major study of the impact of the Covid-19 pandemic on the short- and long-term health and wellbeing of all staff working within 18 partner NHS Trusts in England. The project aims to use the data it generates to better support the future needs of NHS staff by informing workforce planning, targeted support for individuals, and more effective strategies for emergency response. Findings so far have revealed high levels of symptoms of common mental health conditions during the pandemic, across all job roles (clinical and non-clinical) and particularly among some groups of staff - for example, women and younger staff. Further detail on the findings to date are provided in the box below.

What is the prevalence of mental health disorders among NHS staff?

Survey data collected at baseline and in a six-month follow up have shown persistently high levels of symptoms of common mental disorders using a series of self-reported screening measures (between April 2020 and August 2021). The most marked variation has been in symptoms of PTSD, which increased during the second wave in the winter of 2020/21.



Source: NHS CHECK

Follow up clinical diagnostic interviews with a subset of those surveyed revealed that prevalence was lower than the screening tools suggested, but more than 1-in-5 still met the threshold for a diagnosable mental disorder that might benefit from clinical intervention (21.5% for generalised anxiety disorder and/or depression; 7.9% for PTSD).

While follow-up diagnostic interviews have shown that only a minority of those respondents reporting symptoms meet clinical diagnostic criteria for common mental disorders and Post-Traumatic Stress Disorder – and some of these problems may pre-date the Covid-19 pandemic – this does not alter the fact that there are significant and persistent levels of severe distress in the NHS workforce. This has the potential to impact on people’s ability to provide safe, high-quality care. Additional data from the NHS CHECK surveys also indicate that as the pandemic has progressed, there has been a decrease in the proportion of staff feeling well-supported by supervisors and colleagues (around 20 per cent reduction six months on), as well as by family and friends (around 10 per cent reduction) – although it is worth noting that the majority still say they do feel supported.

In recent years a range of workplace programmes and interventions have been introduced to support staff, including, for example, employee assistance programmes, helplines, wellbeing activities, and information and resources. However, the persistence of symptoms among the workforce suggests that these are not as effective as we would like. Our hope is that studies like NHS CHECK can shed light on the mental health needs of different groups and provide insights into how these can be best met, for both diagnosable mental health conditions and mental distress more widely.

To explore the practical implications of the project’s early findings, we convened an initial Policy Lab in March 2021, bringing together researchers, NHS staff, professional bodies and policymakers. Participants emphasised the need to focus on staff recovery alongside service recovery in the coming months and years, highlighted the value of informal, local interventions in supporting the workforce and drew attention to the importance of leadership at all levels in creating a supportive working culture.

The full working paper produced following this first Policy Lab is available at: <https://www.kcl.ac.uk/policy-institute/assets/effective-use-of-early-findings-from-nhs-check-to-support-nhs-staff.pdf>.

As further findings from the study became available, including from diagnostic interviews and on perceptions of support provision, we convened a second Policy Lab in December 2021. This brought together similar groups to the first Lab and considered questions around the current needs of staff, the use and effectiveness of available support, the likely future need and implications for effective future provision.

Principles and actions to support the wellbeing of NHS staff



Participants in the Policy Lab suggested and discussed a wide range of actions that could be taken by various stakeholders in different parts of the system. Some of these actions can be implemented most effectively at a national or system level, some in individual organisations and others by managers, teams and individuals. Spanning across these levels are three key principles:

Getting the basics right

Getting the basics right refers to the many practical things that serve to keep people well and prevent or mitigate harm in pressured situations – including, for example, appropriate staffing levels, breaks, nutrition and safety measures.

Many of the features reported as helpful by staff (such as effective line management or space to relax), as well as several of the barriers to people accessing support (such as lack of time), relate to these basic conditions that are necessary for people to carry out their work safely and effectively. Ensuring that these are consistently in place could reduce distress and help prevent a fundamentally stressful work environment from contributing to the development of more serious disorder.

Creating the right culture

The importance of a strong, supportive and compassionate culture throughout the NHS was raised repeatedly during the Policy Lab as being critical to staff wellbeing. While this may seem both less tangible than implementing specific programmes of mental health support and take longer to get right, there are concrete actions that can help develop and maintain an effective culture. These include establishing a coherent common focus on wellbeing at all levels from the board down to the ward floor, encouraging staff to express their ideas and innovations locally, effective and honest communication between managers and staff, and modelling supportive behaviours at an individual level.

It is vital that senior staff only promise to deliver what is possible; false narratives and broken promises will significantly damage staff engagement and risk contributing to poor mental health.

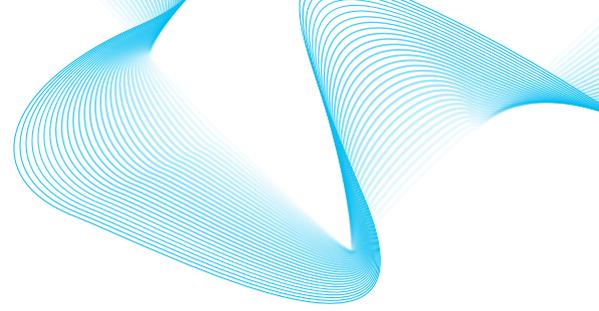
Learning and planning

Effective learning and planning allows experience and good practice to be shared, encourages accountability for staff wellbeing and facilitates effective workforce planning. It relies on suitable monitoring of staff needs, reflection on the effectiveness, awareness and accessibility of support provided and good, consistent communication throughout all levels of the system.

Taken together, these three principles can help reorient staff support from a model where we primarily detect and treat disorder, to one where prevention is key and the focus is on good mental health for all. Specific, practical actions and responsibilities that align with these principles are set out in Figure 1 and described in more detail in the next section.

FIGURE 1: SUPPORTING STAFF MENTAL HEALTH THROUGHOUT THE NHS





Organisational level

While much of the focus in supporting the mental health of NHS staff is on specific interventions that organisations can “buy in,” participants felt that a substantial difference could be made by first ensuring that staff have access to the basics that allow them to carry out their roles effectively and safely. This includes things like the provision of sufficient high-quality PPE, access to hydration and nutrition (including reasonably priced, or free, hot food), and availability of parking and opportunities for people to maintain their physical health (eg exercise clubs, yoga classes).

It is also important that staff are able to leave their posts to take regular breaks, and that those who cannot leave patients are still able to access support outside of their immediate work setting. In the earlier part of the pandemic, many organisations provided accessible physical spaces for rest and relaxation – which NHS CHECK data show were well used – but as wider healthcare services have resumed, these have often reverted to clinical use. Effective planning and staff rotation is also important in ensuring sufficient sleep and recovery time.

In addition to practical provision and formal procedures, the importance of cultural aspects should not be underestimated. While organisational culture is as much created by individuals as it is by strategies and processes, it is important at the organisational level to develop an environment in which those behaviours are encouraged and become the norm. Flexibility and a willingness to adopt new ideas – including nuanced translation of national programmes to local circumstances and needs – can support autonomy and encourage staff to innovate within appropriate parameters. Similarly, a commitment to continuing professional development (CPD), including maintaining at least a basic programme during extended periods of pressure, gives staff a sense of hope and progression. CPD is also important as there is evidence that staff who feel less adequately trained are at increased risk of experiencing poor mental health.¹

It is worth noting that building a supportive culture and providing an appropriate programme of mental health support across an organisation is not an easy task, particularly given the diversity of staff roles and the lack of a “one size fits all” solution. Participants highlighted the importance of organisations understanding the needs of different groups of staff over time, noting that robust data collection can help organisations to monitor changing needs as we move through the pandemic and contend with its longer-term consequences. It can also provide insights into the uptake and effectiveness of support provided, aiding the effective allocation of limited resources.

Alongside an awareness of staff needs, an effective communications architecture is essential in conveying not just vital operational information, but also sharing achievements and messaging around the availability of support. Where possible, this should be personalised (ideally coming from line managers), open and regular, although as noted in the first Policy Lab, it is also important for underlying messages

¹ Kisely, S et al. (2020). Occurrence, prevention, and management of the psychological effects of emerging virus outbreaks on healthcare workers: rapid review and meta-analysis. *BMJ*, 369.

and guidance to be consistent throughout the system, both at different levels and from different stakeholders.

Managers, teams and individuals

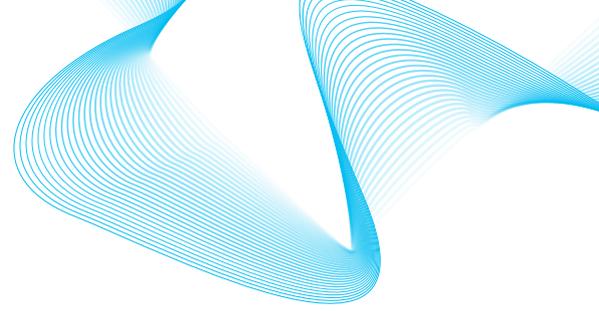
As noted on the previous page, individuals and teams are critical in creating a supportive and compassionate culture and ensuring that “the basics” are prioritised and protected in times of pressure.

The first Policy Lab convened as part of the NHS CHECK project highlighted the importance of leadership at all levels – and particularly in frontline supervisory roles – to creating a supportive workplace culture. Some elements of this, for example building trust so that individuals feel “safe” in raising concerns, are basic requirements of an effective work environment, but managers and colleagues can also provide vital peer support through providing implicit permission to “not be OK.” This might be through modelling behaviours, such as taking breaks or time off when needed, or by using supportive language and communicating clearly and consistently that mental wellbeing is a priority throughout the organisation.

Line managers and colleagues also have an important role in monitoring staff needs “on the ground,” as they will often be the first to notice early signs that someone may need support. All staff who are working in any form of supervisory position need to develop the confidence to have psychologically supportive conversations with staff. Managers need to know their staff so that they can adapt their management approach and the support they recommend, based on having open and honest conversations rather than adopting a “one size fits all” approach. This may also help address the observation that the people who currently access care tend to be those who actively request support.

Similarly, being open to ideas and willing to share experience with others in their organisation can promote innovation in teams and ensure that support is tailored to the needs of particular groups of staff at different points in time. In particular, NHS CHECK data have highlighted concern for women, who tend to take on a greater proportion of unpaid work in the home in addition to their paid roles, and younger staff who may not previously have been exposed to death/severe illness over an extended period of time, or have been in post long enough to build robust peer support systems.

Recognising that the time available for reflection is often very limited, there may be a need to consciously prioritise allowing time to “process” events over other (eg administrative or performance reviewing) demands on people’s time. For most people, processing is best done at a team level which again requires supervisors (in both clinical and non-clinical roles) to feel confident to carry out reflective practice sessions that focus on sharing the impact of NHS work, not just learning the practical lessons about how to improve care provision.



The national and system level

While NHS CHECK data have shown that awareness and use of specific mental health support provided nationally is lower than for local support, there are several important aspects – particularly in the wider framing and prioritisation of mental health – that are best addressed at a national or system level.

Creating the right culture involves making mental health a clear priority at a system level, meaning that wellbeing is recognised across stakeholders (including CQC, HSE and other relevant bodies) as vital to the delivery of safe and effective healthcare. In making the case for this, it may be worth reflecting on the implications of mental health challenges for staff retention, as well as the impact of absences (or, indeed, presenteeism) on the provision of services. It is important to ensure that senior leadership recognise the link between poor outcomes (including, for example, accidents and complaints, as well as staffing challenges) and poor mental health.

A common framing across stakeholders that acknowledges workforce mental health as a safety issue for the delivery of care also then implies a role at the national level in monitoring this and ensuring accountability across healthcare settings. This monitoring can also help highlight good practice and new ideas, which can then be recognised and shared with other organisations facing similar challenges. More broadly, there is a need to collate and synthesise an evidence base around what works in different settings, allowing organisations and individuals to access up-to-date knowledge and supporting them to adapt and implement ideas locally.

It was noted in the Policy Lab that it is often easier to create a culture afresh, rather than attempt to shift entrenched ways of working. Integrated Care Systems working on their transformation plans may have the opportunity to make real progress here by, for example, focusing on preventative actions such as those set out in this document, introducing new local models of support and by welcoming local innovations and bottom-up improvements. In a similar vein, emphasising the importance of staff wellbeing during people's initial training can help ensure that those entering the workforce see it as a priority from the outset.

Finally, while the NHS CHECK study has found that local mental health support often seems to be preferred, more extensive provision (such as employee assistance programmes or centralised helplines) remain important for those who may not have access to – or may not feel comfortable using – local support. Choice is important here, as no one size fits all approach is likely to be successful.

Looking ahead: bigger challenges but new opportunities

The Covid-19 pandemic has brought unprecedented and extended pressures for NHS staff, both exacerbating existing mental health issues and creating new challenges. However, it has also sharpened the attention of organisational leaders, policymakers, politicians and the public on the wellbeing of the NHS workforce and prompted the collection of vital data on mental health. The Covid-19 response in Trusts around the country has involved radical changes to working practices and the trialling of different ways of supporting staff, allowing us to learn from what has and has not worked, as well as to build a more nuanced understanding of the challenges faced by NHS staff.

We should not miss the opportunity this provides to build a longer-term culture and programme of prevention, early detection, support and prompt access to evidence-based care where needed – particularly given that the impact of the pandemic on the workforce is likely to continue long after the acute pressures of the virus itself have passed. While some of the actions proposed in this briefing note may take some time to establish, others are relatively simple things which could make a substantial difference in the shorter-term.

In time, we hope that insights from studies like NHS CHECK can support a cultural shift towards the prevention of mental ill health and – while there will certainly always be the need for targeted, tailored interventions for serious disorder – help create a work environment that supports the mental health of all NHS staff.

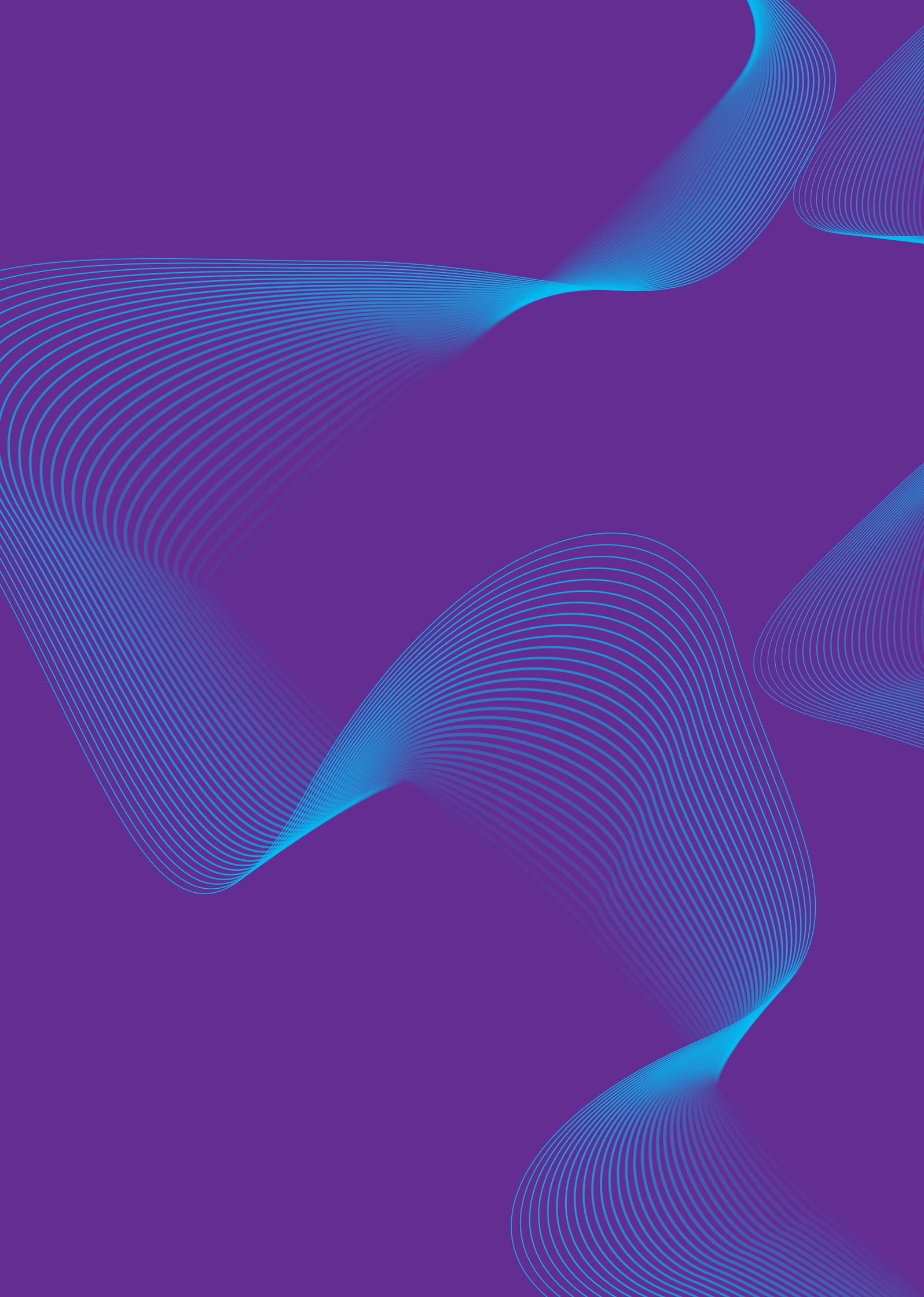
What is a Policy Lab?

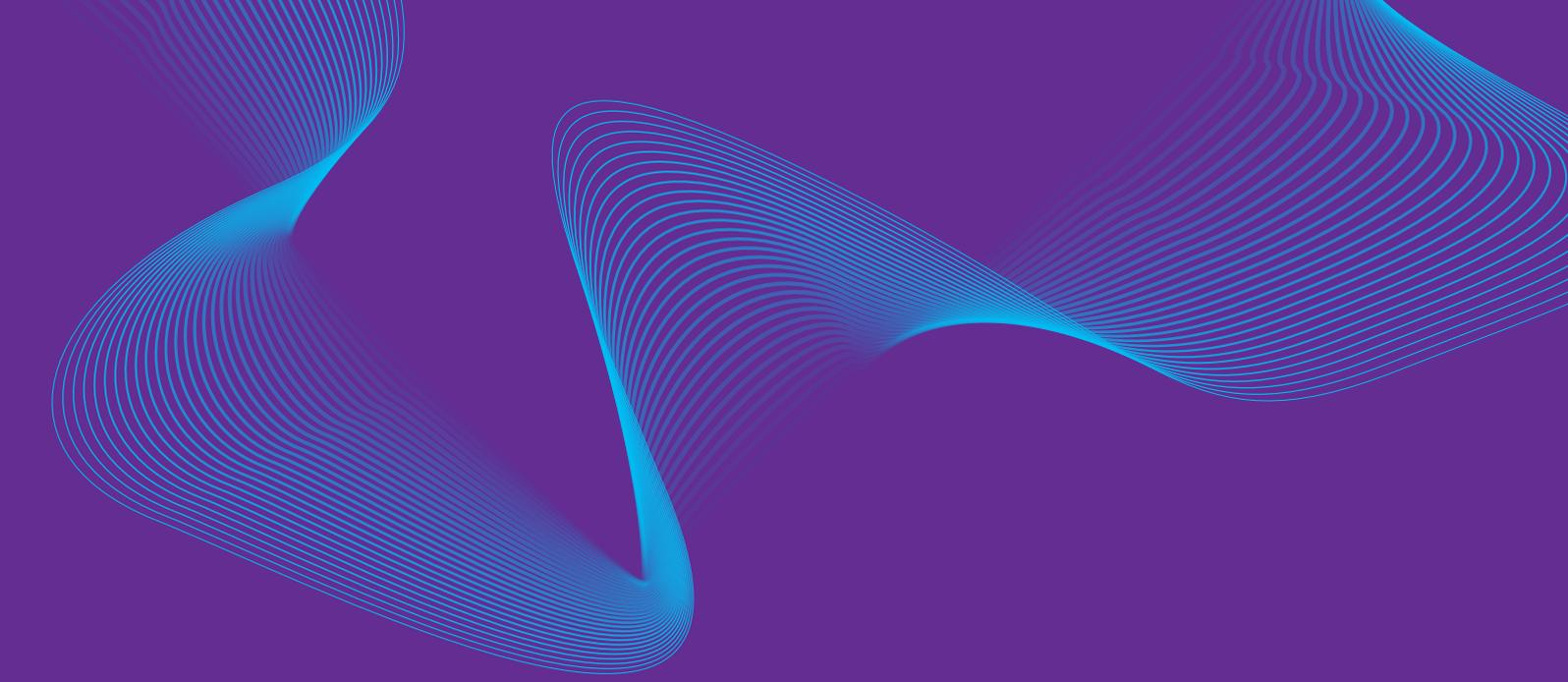
The Policy Lab approach was developed by the Policy Institute at King's College London as one way of narrowing the gap between evidence and policymaking (see Hinrichs-Krapels et al., 2020).

Policy labs are collaborative sessions that bring together research, policy, practitioner and experiential expertise to assess the evidence, understand barriers and constraints to change and use this understanding to inform policy options that can help improve outcomes.

They tend to work best when focused on a specific, well-defined issue or challenge, and draw out a wide range of perspectives and views to ensure that options and ideas are challenged and deliberated.

The Policy Lab approach has been applied by the Policy Institute across a wide range of policy areas including, for example, reducing the costs associated with rising levels of type 2 diabetes, reducing and preventing mental health problems associated with bullying and improving access to and use of effective land de-mining techniques.





The Policy Institute

The Policy Institute at King's College London works to solve society's challenges with evidence and expertise.

We combine the rigour of academia with the agility of a consultancy and the connectedness of a think tank.

Our research draws on many disciplines and methods, making use of the skills, expertise and resources of not only the institute, but the university and its wider network too.

Further details on the NHS CHECK study can be found at <https://nhscheck.org>

Connect with us

 @policyatkings  kcl.ac.uk/policy-institute