



Who helps the helpers?

The pandemic is taking its toll on both healthcare workers and mental health professionals. *Dr Jo Billings, Dr Michael Bloomfield and Dr Talya Greene* report on their research, which highlights the need for adequate and accessible support

The impact of COVID-19 on the mental health and wellbeing of frontline healthcare workers is well documented. However, despite reported high rates of distress and mental health difficulties, healthcare workers have not been accessing psychological support services. Why? And what about the mental health professionals who have suddenly been tasked with providing this additional support? What has been the impact on them?

The mental health burden on frontline healthcare workers was anticipated early in the pandemic.^{1,2} Now, emerging research, both worldwide^{3,4} and in the UK,^{5,6} offers evidence of the toll of COVID-19 on the mental health of workers on the frontline.

Early research on UK samples of frontline healthcare workers indicates prevalence rates of 28%–47% for clinical levels of depression, 33%–47% for anxiety and 15%–22% for post-traumatic stress disorder (PTSD).^{5,6} The high prevalence rates occur in a workforce that was already reporting high rates of burnout and distress prior to the COVID-19 pandemic. For example, one systematic literature review found rates of psychiatric morbidity among UK doctors of 17%–52%, prior to the pandemic.⁷

In response to the recognised and urgent need, many mental health services in the UK were tasked with providing additional support for healthcare workers. The provision of services was, however, varied. Some settings relied on existing psychological support services; others, including some primary care Improving Access to Psychological Therapy (IAPT) services, set up new treatment pathways.⁸ In other localities, no additional services were resourced. Without a coherent and co-ordinated national offer of support, many healthcare workers were left with little other than national helplines.

Even where support services were available – and despite the recognised

mental health needs of frontline healthcare workers – relatively few sought psychological help during the first wave of COVID-19. So, what has got in the way? The research conducted by our team can hopefully help us begin to understand.

Barriers to access

In a qualitative study of 25 frontline health and social care workers,⁹ we found notable structural and cultural barriers to access. When workers had either accessed psychological support services themselves, or knew of colleagues who had, they spoke highly of the services. However, most tended not to recognise, or to deprioritise, their own mental health needs.

‘The pandemic has revealed systematic shortcomings in how the wellbeing of the healthcare workforce is supported’

Many frontline workers reported being unaware of, or confused by, what psychological support was available. Several noted difficulties accessing support, not being able to get through to support services, or not being able to access them around their shift patterns. Many commented that they could not take time away from the wards to attend appointments, and, understandably, did not want to come back into work during their time off.

Several healthcare workers, such as agency and contract staff, were not directly employed by the NHS, so were not able to access NHS services. Many workers also spoke about the ongoing stigma around admitting to struggling with mental health issues.

The research demonstrates that, despite longstanding recognition of the need to support the mental health and wellbeing of the healthcare workforce, there is still some considerable way to go.

The Boorman Review, published in 2009,¹⁰ emphasised the importance of prioritising staff health and wellbeing within the NHS. Boorman argued that a healthier workforce would mean fewer sick days, a more efficient workforce, and ultimately better patient care. There were 20 recommendations in the review, including increasing awareness of mental health issues, active interventions to promote good mental health, early detection and treatment of mental ill health and equitable access for all staff.

More than 10 years later, the COVID-19 pandemic has cast a spotlight on the mental health of the healthcare workforce and revealed ongoing systematic shortcomings in how their wellbeing is supported. If we are to improve psychological support for healthcare workers, we believe there must be adequate and sustained investment in mental health support structures during – and beyond – COVID-19.

Impact on mental health workers

What about the impact on the wellbeing of the mental health workers who were offering the care? We spoke to 28 mental health professionals who had been tasked with providing support to frontline health and social care staff.¹¹ The practitioners we spoke to had met the challenge of developing and providing services. They had also welcomed the opportunity to do something to help. Many felt a sense of personal achievement and professional growth. But this came at some cost.

Like the healthcare workers they were supporting, most of the mental health workers in our research had neglected their own health and wellbeing in the line of their work. Many were redeployed into new services or re-tasked to work in settings or with groups with whom they

had little, previous experience. They were working increased hours and had few opportunities to take breaks or time off from work. Lockdown restrictions also limited the options for stress relief.

Unlike their healthcare colleagues, most mental health workers were working individually and remotely from home, resulting in a feeling of professional and personal isolation. Working from home also blurred the boundaries between work and personal lives, with many mental health workers struggling with the competing demands of caring responsibilities and work.

‘Most of the mental health workers in our research had neglected their own health and wellbeing’



Mental health professionals were also affected vicariously by the traumas and moral injuries that healthcare workers talked about in support sessions. Many felt guilty that they could not always offer effective support, which compounded feelings of guilt about previous clients who had been discharged or placed onto growing waiting lists.

Studies into COVID-19 and plans for its management have largely overlooked the effect on the mental health workforce. But this research highlights a hitherto unrecognised need to look after the mental wellbeing of the mental health professionals who are supporting the frontline workers.

The pandemic has had a significant impact on the mental health and wellbeing of both healthcare workers and mental health professionals. It has nevertheless brought to public attention the need to better support the healthcare workforce, a need that can no longer be ignored.

We have an opportunity to learn from the first wave of COVID-19 and to set up coherent and coordinated systems of support, with easier and better access for healthcare workers across the care pathway. We also need to ensure that there is adequate support for mental health professionals.

We are at a crucial point. COVID-19 can either create a legacy of a better supported healthcare workforce in the longer term, or risk worsening distress and disaffection.

Dr Jo Billings is a Consultant Clinical Psychologist and Associate Clinical Professor in the Division of Psychology at UCL.

Dr Michael Bloomfield is a UCL Excellence Principal Clinical Research Fellow in the Division of Psychiatry at UCL.

Dr Talya Greene is Head of the Department of Community Mental Health at the University of Haifa, Israel, and an Honorary Associate Professor in the Division of Psychiatry at UCL.

Jo, Michael and Talya co-founded and co-direct the COVID Trauma Response Working Group (www.traumagroup.org), which was set up to provide evidence-based and trauma-informed guidance in response to the COVID-19 pandemic.

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*At the time of writing, much research on this topic, including some of our own research, has not yet been formally published, but has been made available on pre-print servers in order to rapidly disseminate information that might shape the response to COVID-19. Research on pre-print servers has not been formally peer reviewed and hence should be considered with some caution.