We should all shine a light on 'mental health as a universal human right'. By Dr. Nagina Khan

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World Mental Health has been celebrated every year on 10 October. The theme for 2023, set by the World Foundation of Mental Health, is 'Mental health is a universal human right.' However, is the mental health of those that work in the mental health services itself not worthy of mention and deep concern? Today we shine a light on the mental health of healthcare staff because the mental health charity called Laura Hyde Foundation (LHF) reports an increase in the use of its services, from 366 nurses between January and December last year, to a significant increase, of 319 nurses in 2021, who had attempted suicide. The attempts may be the consequence of high-pressure loads, intimidation and inadequate support arrangements; medical staff are at least twice as likely to die by suicide than the general population.

Judy Short, in her article in 1997 wrote that organisations have long periods of evolutionary change, characterized by relative stability and slower paced change.[1] These evolutionary periods are interrupted at intervals by periods of revolutionary change. Revolutionary change is precipitated by crisis and characterized by rapid alterations and redirection (p.587).[1] Whilst in the past fundamental workplace changes have often taken place over decades, now change has been accelerated at rates never seen before, mainly because of the pandemic necessities, cost of living crisis, creating increased demand and less resources. Workplace settings around the world have been exposed to essential reorganisation to function under crises conditions. Endless changes have become the norm, which is reflected in the increased restructuring efforts in organisations. Research findings on long-term effects on healthcare workers mental health and factors associated with negative changes from Covid-19 pandemic showed that female sex, younger age, nursing occupation, frontline work, longer working hours and concerns about contracting COVID-19 were identified to be associated with negative changes.[2] The negative changes in the literature were predominantly reported as a decline in mental health among healthcare staff over time. These mental health issues comprised psychological distress, anxiety, depression, insomnia, burnout symptoms and others.[2]

Workplace anxiety

Although, changes in the workplace can be experienced as positive such as job promotion, improved processes that otherwise would have been left ineffective, restructuring has also been linked with adverse health effects. A review of qualitative work during the pandemic internationally showed that

healthcare workers were commonly challenged by high workloads, limited resources with communication issues at work, and mixed views about the level of adequate support.[3] A decline in job satisfaction and rise in burnout due to amplified uncertainties, '*workplace anxieties*,' along with resource shortages all impacted staff in England during the pandemic, and have continued to place a huge strain on the National Health Service (NHS),[4] after a decade of austerity.[5]

Lee et al., in their study looking at Stress- and Work-Related Burnout in Frontline Health-Care Professionals During the (COVID-19) pandemic investigated the effects of Health-care professionals (HCPs) viral epidemic-related stress, professional quality of life (ProQOL), depression, and anxiety on their health-related quality of life (HRQOL).[6] This study used the viral epidemic-related stress scale, a measurement tool developed to identify individual psychiatric problems with specific rating scales for viral epidemics. In contrast to existing scales, it is a psychiatric scale measuring tool that addresses the COVID-19 pandemic. The HRQOL consists of 2 items for general HRQOL and 24 items for the following 4 domains: physical health (7 items), psychological health (6 items), social relationships (3 items), and environment (8 items). The tool examined compassion satisfaction (CS), burnout (BO), and secondary traumatic stress (STS).[7] Professional Quality of Life Scale version 5 (K-ProQOL 5) was used to examine the compassion satisfaction (CS), burnout (BO), and secondary traumatic stress (STS) of HCPs using the Korean version of the. The ProQOL scale was used to confirm the work-related psychological impact on the selected professional group.[6] A notable result of the study was that viral epidemic-related stress had no effect on ProQOL in the HCP group. In the HCP group, the fact that viral epidemic-related stress had no effects indicated that the staff had no fear of the virus itself nor traumatic stress (p.6).[6] Exposure to patients with COVID-19 infection was not associated with stress, anxiety, ProQOL, or HR-QOL in HCPs. Low compassion satisfaction (CS), resulted in burnout, and burnout was significantly associated with depression, anxiety, and low HRQOL.[6] Compassion satisfaction, is defined as the pleasure derived from being able to do one's work (helping others) well.[8]

Workplace leadership

Handling and changing ineffective processes in the workplace are crucial and is an inordinate task for every organisation. Organisational leaders remain in the greatest place to generate awareness and energy for workplace transformation and prevent workplace anxiety. To produce sustainable change, employees need to be content however, it is insufficient to just simply measure the overall satisfaction of employees. Satisfaction needs to be

specified in terms of its most important elements to the workforce, and needs to be measured and reported in a way that could be used by 'the people' who can take action and create change within organisations.[9]

Change happens most efficiently at a local level —

- At the level of the frontline,
- Manager-led team — the frontline team are those that directly report, and
- The frontline team are the people that are managed each day.[9]

Ongoing feedback techniques and protocols should be developed and in place, to include concepts such as:

- Focusing on strengths versus weaknesses,
- Relationships,
- Personnel support,
- Friendships, and[9]

Furthermore, a measurement-based feedback process can be incorporated to provide organisations:

- A focus for collecting data, and
- Encouraging ongoing discussion of the results to provide feedback and
- Potential improvement and to pick up on workplace related anxiety
- Organizational development audits or
- Managing attitudes for not only excellence but workforce wellbeing.[9]

Developing feedback protocols should be built into systems to facilitate the feedback of survey results to managers and subsequently employees for organisational change to reduce workplace anxiety. Equally there should be a shift towards, an increase in a supportive environment, kindness, with access to psychological information, sufficiency of personal protecting apparatus were all measures identified in research evidence as protective measures against mental health problems.[2] It is true that the workforce is under unprecedented pressure as evidenced by the increase in calls for help and increasing work place pressures and rapid restructuring to accommodate rapid changes perhaps too rapidly for healthcare staff who are now experiencing mental health issues, a knock on effect of this is not only on the workforce but also on patients — we need to take action. The literature on mental health and what should be done to support the mental health of healthcare staff, recommends a tiered model of inputs,

- Good induction, building supportive 'buddy' relationships and
- Managerial debriefs; appropriate environmental and 'virtual' well-being supports; and

- Provision of rapidly accessible mental health professionals able to carry out timely 'return to duty'- focused assessments and brief interventions (p.2).[10]

References

1. Short, J. D. Psychological effects of stress from restructuring and reorganization: Assessment, intervention, and prevention strategies. *AAOHN J.* **45**, 597–604 (1997).

2. Umbetkulova, S., Kanderzhanova, A., Foster, F., Stolyarova, V. & Cobb-Zygadlo, D. Mental Health Changes in Healthcare Workers DURING COVID-19 Pandemic: A Systematic REVIEW of Longitudinal Studies. *Eval. Health Prof.* **2023**, 1–10 (2023).

3. Billings, J., Ching, B. C. F., Gkofa, V., Greene, T. & Bloomfield, M. Experiences of frontline healthcare workers and their views about support during COVID-19 and previous pandemics: a systematic review and qualitative meta-synthesis. *BMC Health Serv. Res.* **21**, (2021).

4. Clarkson, C. *et al.* 'You get looked at like you're failing': A reflexive thematic analysis of experiences of mental health and wellbeing support for NHS staff. *J. Health Psychol.* (2023) doi:10.1177/13591053221140255.

5. Charlesworth, A. *et al.* What is the right level of spending needed for health and care in the UK? *Lancet* **397**, 2012–2022 (2021).

6. Lee, Y. J., Yun, J. & Kim, T. Stress- and Work-Related Burnout in Frontline Health-Care Professionals During the COVID-19 Pandemic. *Disaster Med. Public Health Prep.* **17**, e38 (2023).

7. Chung, S. *et al.* Development of the Stress and Anxiety to Viral Epidemics-9 (SAVE-9) Scale for Assessing Work-related Stress and Anxiety in Healthcare Workers in Response to Viral Epidemics. *J. Korean Med. Sci.* **36**, (2021).

8. Bride, B. E., Radey, M. & Figley, C. R. Measuring compassion fatigue. *Clin. Soc. Work J.* **35**, 155–163 (2007).

9. Mohanty Vandana. Employee experience – disruptive approach to employee engagement. *Int. J. Manag. Concepts Philos.* **16**, (2023).

10. Tracy, D. K. *et al.* What should be done to support the mental health of healthcare staff treating COVID-19 patients? *Br. J. Psychiatry* **217**, 1 (2020).

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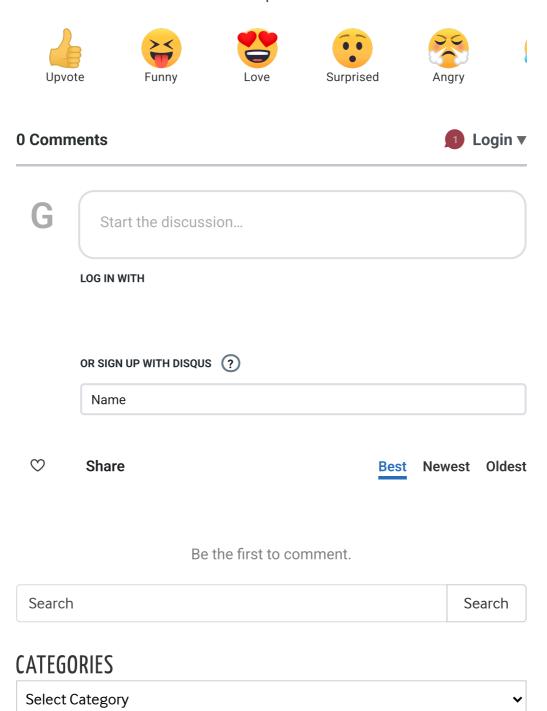
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