

## **Worry in Mind: Covid and the mental wellbeing of health staff**

### **Introduction**

Health staff across the UK including nurses, occupational therapists, healthcare assistants and those looking after people with learning disabilities have been at the forefront of the UK's response to Covid.

Many have had to deal with the trauma of witnessing patients die without seeing their loved ones, the strain on intensive care created by Covid, and the backlog of operations cancelled earlier in the year.

They are facing these pressures at a time when the NHS is experiencing severe staff shortages, a situation made worse by employees being off sick with Covid.

This report highlights the experiences of health workers throughout the pandemic, the toll it has taken on their mental health, and the psychological support they need now and in future.

It also analyses the Covid-related financial and personal worries of staff, how much protection they have received from employers in the form of individual risk assessments, and the level of support from managers.

### **About the survey**

UNISON surveyed 14,004 health staff between 9-30 October 2020. The vast majority (88%) were employed by the NHS; in other areas of health (6%) such as nursing homes and care homes; and for private contractors (4%), subsidiary companies/wholly owned subsidiaries (2%), or a charity/social enterprise (1%).

Those who took part in the survey included staff working in administration, estates and facilities services (28%); as healthcare assistants, assistant practitioners or support workers (24%); registered nurses or midwives (17%); in other roles (12%) such as domestic assistants; in the ambulance service (6%); allied health professionals (6%); occupational therapists (3%); in a science or technical role (2%); and senior managers (2%).

The areas they worked in include primary care (15%), acute inpatients (14%), mental health (14%), the community (10%), the care sector (6%), the ambulance service (5%), A&E (4%), children's services (3%), learning disabilities (2%), midwifery (1%), a Covid specialty such as a Nightingale hospital or Test and Trace (0.5%), and a variety of other locations (26%) such as nursing homes.

### **The Findings**

#### **Mental health decline**

Almost half (48%) of respondents stated they had not coped well mentally during the pandemic.

The top reason for their decline in psychological wellbeing was fear of getting sick (60%) with Covid followed by being unable to socialise with friends and family (55%), and increased workload (49%).

Other factors included increased contact with very unwell patients (33%), financial worries (23%), difficulty taking annual leave (17%), issues with employers over sick pay (8%), and having to live away from home to protect their family from the virus (8%).

Some provided details of the extent of their mental distress such as feeling suicidal and experiencing panic attacks. Others reported they felt helpless when supporting patients or had been affected mentally by having to leave rented accommodation because a landlord was worried about Covid.

This toll on their wellbeing has resulted in more than half (51%) seeking out mental health support. For the majority, this has been from friends and family (77%) or colleagues (58%). However, a significant number have also used wellbeing apps (27%) or professional counselling services (20%).

Comments from staff include:

*"I've had to take time off sick because of increased anxiety at work."*

*"I've faced homelessness because my landlady asked me to leave because of Covid."*

*"The pandemic has made my anxiety and depression worse."*

### **Financial concerns**

Over a quarter (26%) of respondents stated the pandemic had placed either themselves or their family under financial difficulty this year.

Being under economic strain negatively affected the mental health of more than four in five (81%) staff who responded to the question. Of these, more than half (52%) gave a range of reasons such as their partner being furloughed or childcare costs increasing. The rest blamed job loss in the household (28%), the fact they only received statutory sick pay (12%), reduced hours (12%), bereavement (9%), and redundancy (1%).

Comments from staff include:

*"Due to shielding at the beginning, I'm now unable to do my bank shifts to make extra money. I can't work on the wards because I'm vulnerable."*

*"I've been helping family members with job losses financially because I am the only one still in employment."*

*"Utility bills have increased because my son is furloughed and at home."*

### **Job pressures and management issues**

Health workers are being relied upon to protect and care for the entire country. This has resulted in additional demands with 57% saying their workload has risen during the pandemic.

More than a third (39%) said they were unhappy with how their employer had treated them during the pandemic.

An analysis of comments from health workers showed a significant number (78%) experienced poor line management. Lack of contact with employers and/or managers, breaches of measures to control infection, and bullying were among the issues highlighted.

Comments include:

*"My workload has become unmanageable and my team are on their knees."*

*"Too much work has left me feeling frustrated and helpless to patients at times."*

*"My immediate manager doesn't care"*

*“It has brought out the worst side in some of my managers”.*

Those who had a positive experience (22%) highlighted the manager’s supportive role, the stress on their managers, and a lack of support for them from the organisation.

### **Staff safety**

All employers should assess the level of risk individual staff members face. This is to protect them as much as possible from harms in the workplace. This is particularly important for those who may be at higher risk including Black staff and those with underlying health conditions.

Overall, 46% of health staff said their employer had completed a risk assessment for them, and the majority (69%) confirmed the safety measures identified as necessary had been implemented.

However, over a third (37%) of black staff said their employer failed to follow safety measures drawn up to protect them such as moving them to a lower risk area. Of these, the majority were employed as nurses and midwives (33%) followed by other workers (28%) such as healthcare assistants, assistant practitioners or support staff.

### **Post pandemic support**

Respondents were asked about the support they would find most helpful now and after the pandemic.

Those identified included wellbeing support (56%), an employee assistance programme provided by an employer (41%), counselling (34%), a helpline staffed by trained mental health workers (28%), psychological and wellbeing therapies (25%), financial support (23%), substance misuse support (2%), and help with domestic abuse (2%).

### **Conclusion**

The survey findings raise serious concerns that health service employees are being pushed to the brink by the additional pressures created by the pandemic.

A combination of factors is to blame including increased workload, financial woes, fears that they’re at increased risk of infection, and restrictions on their social lives.

UNISON is calling on the government to act to protect the mental wellbeing of staff and prevent a crisis where increasing numbers are off sick or feel forced to leave their jobs. The union wants ministers to:

- Extend beyond March – and at least until the end of the year – the government’s scheme providing health workers with free access to wellbeing apps.
- Draw up a package of mental health support for staff including increased availability of telephone counselling. Health staff should be able to speak with trained professionals around the clock, both now and after the pandemic.
- Ease the financial pressures on NHS staff and their families by delivering a morale-boosting pay rise now.