BMA

The mental health and wellbeing of the medical workforce – now and beyond COVID-19

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Right now, supporting doctors' and medical students' physical, mental, and emotional wellbeing could hardly be more vital. However, BMA research has found that one in five doctors feel they do not have access to the help that they need.

According to our latest findings (14 May 2020) 45% of doctors are suffering from depression, anxiety, stress, burnout or other mental health conditions relating to, or made worse by, the COVID-19 crisis.The BMA's wellbeing support service and other services providing support to doctors and medical students have seen an increase in calls from doctors who are feeling anxious about going to work to face unknown situations. Doctors feel they are risking their own lives and those of loved ones due to a lack of sufficient Personal Protective Equipment. And they are experiencing feelings of guilt for leaving colleagues behind at the end of their shift to go home and rest. The medical workforce has also faced increasing uncertainty amidst changing clinical guidelines, job roles and working arrangements.

It may take some time for staff to realise the impact of the COVID-19 crisis on their mental wellbeing. It is, therefore, essential that the support put in place by the NHS for staff working through this time is sustainable and adequately resourced. A long-term strategy for protecting and maintaining the physical, mental, and emotional wellbeing of the workforce must be a top priority for the NHS.

BMA research on the mental health of the medical profession provides a baseline of the challenges doctors and medical students face working in a system under immense pressure. It is clear the COVID-19 pandemic has exacerbated existing underlying stressors and added significant new ones, including increased exposure to death and suffering.

There is a concern that initiatives brought in to support NHS staff wellbeing during the COVID-19 pandemic are only interim. The NHS support offer for staff should be enhanced and maintained for the long-term, particularly as take up may not be immediate. There are also additional services which need to be resourced in the here and now, such as the comprehensive occupational health and specialist mental health support.

As the UK eases lockdown and the number of COVID-19 cases decrease, NHS workers will continue to be on the frontline of this pandemic. It is likely that the worst of the mental health consequences for the NHS workforce may be yet to come.

A long-term strategy to protect the health and wellbeing of staff should consider the following recommendations:

1. Supporting the mental and physical health of doctors and staff must be a top priority

Employers have a responsibility to provide a safe working environment for all staff and to make reasonable adjustments to meet the specific needs of individuals. It is vital that they take preventative action to protect staff from developing poor health and wellbeing in the first place. The BMA has been clear about the need for adequate PPE and risk assessments to protect workers from COVID-19.

Apart from their legal obligations for health and safety, employers should also be proactive in developing a supportive culture. The stigma associated with mental health means that doctors are often hesitant to disclose any problems and suffer in silence. Every employer should lead by example and encourage staff to speak up about any mental health issues. Further steps are outlined in the BMA mental wellbeing charter - including how to create healthy workplaces and developing wellbeing strategies. Employers should also ensure that staff are supported to maintain their physical health, such as encouraging regular breaks and providing access to 24/7 food and rest facilities, as outlined in the BMA fatigue and facilities charter. Employers should continue to develop their support for staff's travel to work and build on current interim initiatives (e.g. free car parking).

2. There should be equal provision of wellbeing support services for all doctors

NHS staff working in different settings should not be disadvantaged in terms of support they can access. Not only are the current services often not known, they can be disjointed and vary locally, regionally, and nationally in terms of what is available. This systemic issue requires change across the UK so that doctors receive the support they need.

3. Health and wellbeing issues need to be monitored to ensure interventions are effective

It is important that the centre understands the challenges faced by NHS staff on the frontline. Staff engagement is critical to ensuring that the range of services provided and the way they are delivered are seen as credible and addressing staff concerns. The NHS staff surveys (iMatter in Scotland) run across the four nations are one such tool but are only run once a year and do not cover all settings (e.g. general practice in England). Ideally, staff health and wellbeing should be monitored using real time granular data to get an accurate understanding of local and specific needs.

4. Wellbeing support must be inclusive, accessible, and meet the needs of users

When developing wellbeing support, the NHS needs to consider the diversity of staff and their different experiences related to mental health. Staff in a high-risk group may face additional anxiety caused by the higher mortality rates for them due to COVID-19 and employers must be particularly attentive to their needs. A recent BMA survey found that BAME respondents were more likely to say they could not access the wellbeing support that they would like. There also needs to be a recognition of the impact of the pandemic on the households of doctors. Partners and dependents should be able to access relevant support.

Even before the COVID-19 pandemic it was clear that some groups, including IMGs (International Medical Graduates), face additional barriers to accessing support. Doctors with a disability or underlying health condition may also face workplace and wellbeing challenges. It is therefore vital that any wellbeing support recognises the needs of a diverse NHS workforce and reaches all staff.

5. Occupational health services should be accessible to all and have a capacity to provide timely support

COVID-19 has demonstrated the vital role occupational health services play in ensuring that NHS staff are appropriately risk assessed and protected with regards to carrying out their duties. The BMA has long called for a fully funded, comprehensive, and accessible OH service for NHS staff. The provision and funding of occupational health services for NHS staff across the UK is inconsistent as the BMA's Health and wellbeing at work report sets out. For example, in England the current provision of a centrally funded and commissioned OH service for primary care does not go far enough to support all General Practice staff while in Scotland all practice staff can access comprehensive OH support for free.

In parallel to this, OH services are facing capacity issues which need to be addressed so that they can effectively support the wider NHS workforce and system. We are concerned that the current demands on OH services are making it difficult for disabled doctors and those with long-term health conditions to access the support and adjustments needed to keep them safe and well. The government and devolved administrations need to ensure that the OH workforce can meet future demand by addressing the underlying training, recruitment and retention issues (outlined in the 2016 APPG report 'Occupational medical workforce crisis') in the long-term.

6. Staff presenting with significant mental health conditions must be able to access appropriate treatment

While wellbeing and self-care tools (for example, around healthy eating, sleeping, and meditation) can be useful for most people, some will require access to psychological (talk therapy) and psychiatric interventions for the management of severe and complex problems. However, there is a real concern that with NHS mental health services already over-stretched and facing increased demand, staff will not have access to the necessary timely support that they desperately need which must be addressed.

7. Workplaces should actively encourage peer support and mentoring to ensure doctors have a safe space for reflection

Peer-level interventions play a crucial part in building and promoting a positive and supportive NHS culture. The key components of this are a protected safe space and time for staff to reflect on their experiences. Buddying up experienced and inexperienced workers can be helpful in high-pressure situations and make staff feel less alone and isolated. At this time of severe and unprecedented pressure and mental strain, it is critical that healthcare workers are able to draw upon the support of mentors and peers. There are a number of approaches employers can use, such as setting up Schwartz rounds or Balint groups. Opportunities for mentoring and buddying should be established and built on using best practice. It is also likely to be helpful for individuals to be in regular contact with those with whom they were in teams during the pandemic, which may not have been at their usual work location and supervisors should encourage and facilitate this wherever possible.

8. The process for taking sickness absence and returning to work should be as smooth as possible to reduce additional stress

We know that the stigma of mental health is preventing doctors from raising the issue at work and taking time off. Employers and line managers must value and treat mental and physical ill health of their staff equally. Sick leave, and the process associated with it, can cause a great deal of distress for doctors which

is why staff are hesitant to go down this route. Once on sick leave, mechanisms of support during this absence and assistance to return to work can be inconsistent. Doctors require better support to facilitate a timely return to work after any significant absence and the BMA's mental wellbeing charter outlines steps that employers can take to do so.

9.   Staff who need to take time off or would like to work flexibly should be supported

Following intensive levels of high workload employers need to ensure that staff are able to take time off and those who would like to work flexibly are supported to do so. A consistent and fair policy for staff using annual leave entitlement is needed which ensures that those who have worked for an extended period during the pandemic are able to take a break when they need it most. As the NHS restarts routine care, staffing rosters must have cover for annual and sick leave, as well as flexible working, built in with capacity to spare. Ensuring that staff are able to be in regular contact with friends and family outside of work and encouraging and supporting them to do this, will be key in the prevention of long-term consequences of work exposure to trauma during the Covid-19 period.

10.   The NHS should be proactive in preventing suicide of NHS staff and supporting those who are bereaved

In recent years there has been a public focus on the tragic loss of NHS workers. The risk of suicide is elevated for healthcare professionals with some staff groups more at risk than others. Better evidence and data would inform targeted interventions to promote wellbeing and reduce risk of suicide. The government and devolved administrations need to step up and take a lead on this issue so that those facing exceptionally difficult circumstances and those bereaved by suicide are supported. This tragic loss of life also needs to be accounted for publicly (for example, through annual reporting of suicides). This is necessary to raise awareness and help drive change.