Expert Panel on Effective Ways of Investing in Health (EXPH)

Opinion on
mental health of the health workforce
and other essential workers
Public hearing 8 June 2021

European Commission

SLIDO

Expert Panel on Investing in Health

The Expert Panel on effective ways of investing in health is an **interdisciplinary and independent group established by the European Commission to provide non-binding independent advice** on matters related to effective, accessible and resilient health systems. The Expert Panel aims to support DG Health and Food Safety in its efforts towards **evidence-based policy-making**, to inform national policy making in improving the quality and sustainability of health systems and to foster EU level cooperation to improve information, expertise and the exchange of best practices.

Expert Panel on Investing in Health

The Expert Panel consists of **15 experts** appointed in December 2019 for a period of 3 years. They were appointed following an open call for applications, evaluation and selection process ensuring a balanced representation of relevant areas of expertise as well as geographical and gender balance.

Appointed in a personal capacity, they are **well-established, independent scientists, with over 10 years' professional and multi-disciplinary experience in health area.**

Expert Panel members (2019-2022)

Prof. Jan De MAESENEER (Chair)
Dr Anna GARCIA-ALTES (Vice-Chair)
Prof. Damien GRUSON
Dr Dionne KRINGOS
Prof. Lasse LEHTONEN
Prof. Christos LIONIS
Prof. Martin McKEE
Dr Liubove MURAUSKIENE
Prof. Sabina NUTI
Prof. Pedro PITA BARROS
Dr Heather ROGERS
Prof. Luigi SICILIANI
Prof. Katarzyna WIECZOROWSKA-TOBIS
Dr Sergej ZACHAROV
Dr Jelka ZALETEL

Picture taken in pre-corona times

Mandate: Questions for the Expert Panel

1. What are the specific factors influencing mental health of the health workforce and essential workers?
2. What interventions could be effective in addressing mental health support needs of health workers and essential workers, including those with preexisting mental health conditions? Using existing data, assess the cost of mental health problems in the health workforce and the cost-effectiveness of mental health interventions. What are the conditions for the delivery of these interventions in a cost-effective, affordable and inclusive manner?
3. How can the EU address these concerns?

DRAFTING GROUP

Chair: Prof. Pedro PITA BARROS

Rapporteurs: Dr Heather ROGERS, Dr Jelka ZALETEL

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Dr Sergej ZACHAROV

The views in this presentation are those of the independent scientists who are members of the Expert Panel and do not necessarily reflect the opinion of the European Commission nor its services.

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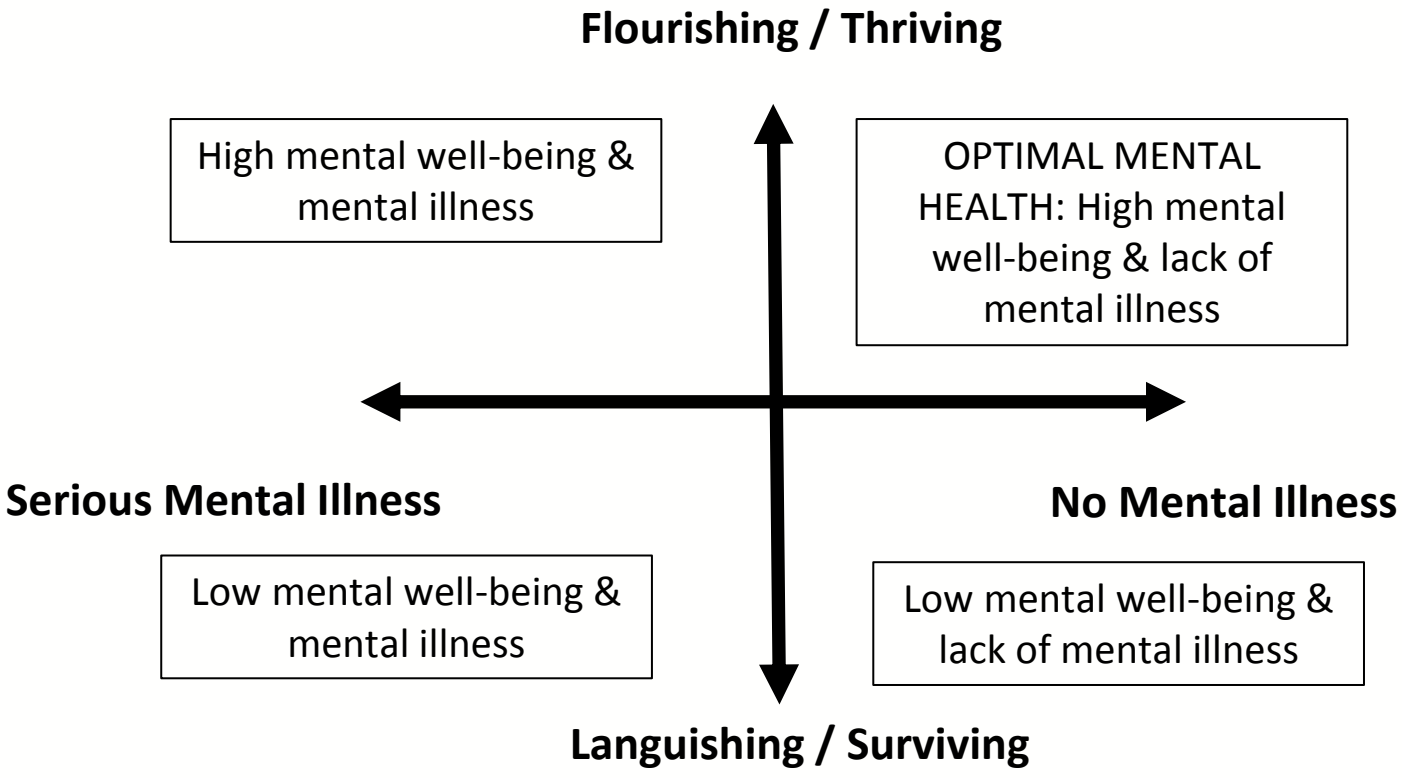
Professor Céu Mateus, Lancaster University
Dr Elena Petelos, University of Crete and Maastricht University

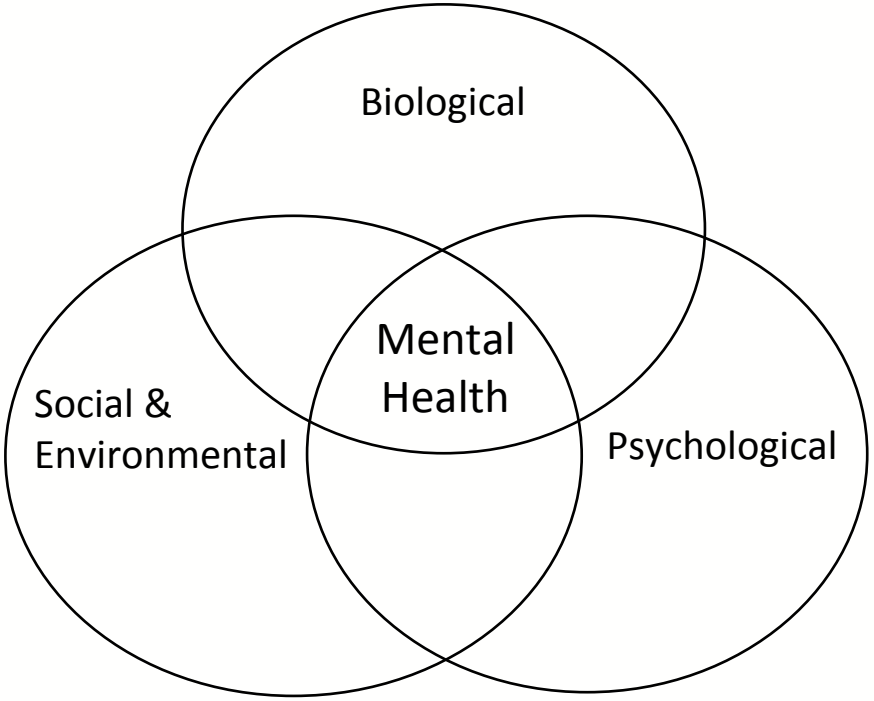
for their valuable contributions to the Opinion

Overview of mental health and Conceptual framework

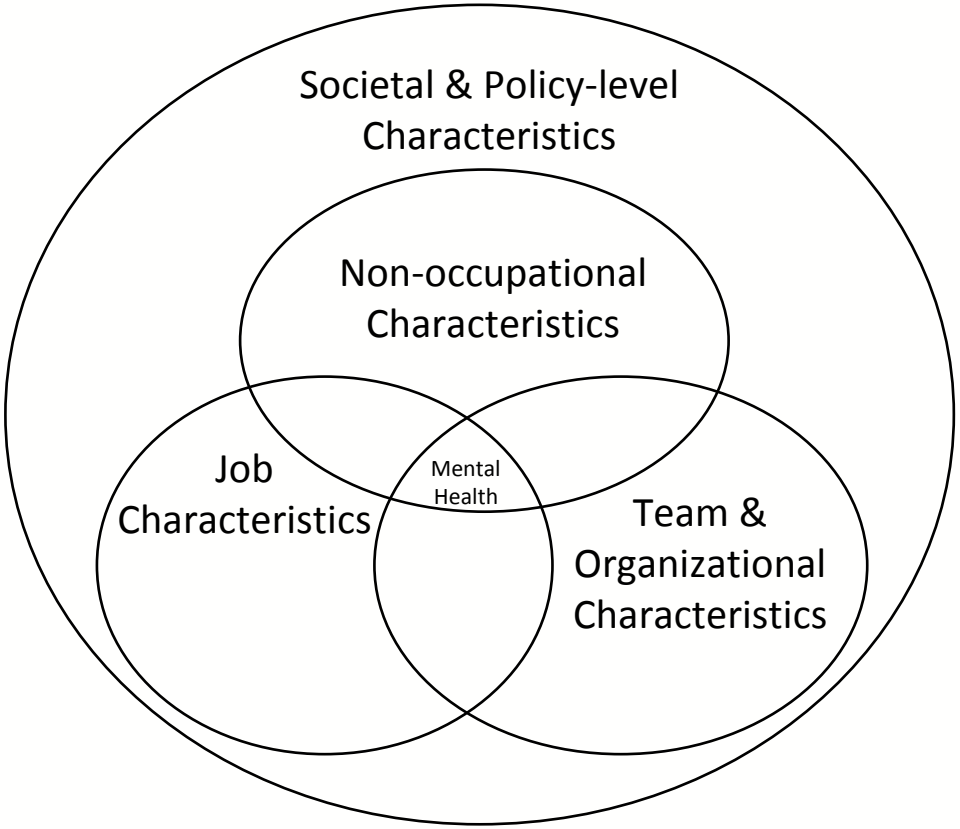
Definition and two-dimensions of mental health

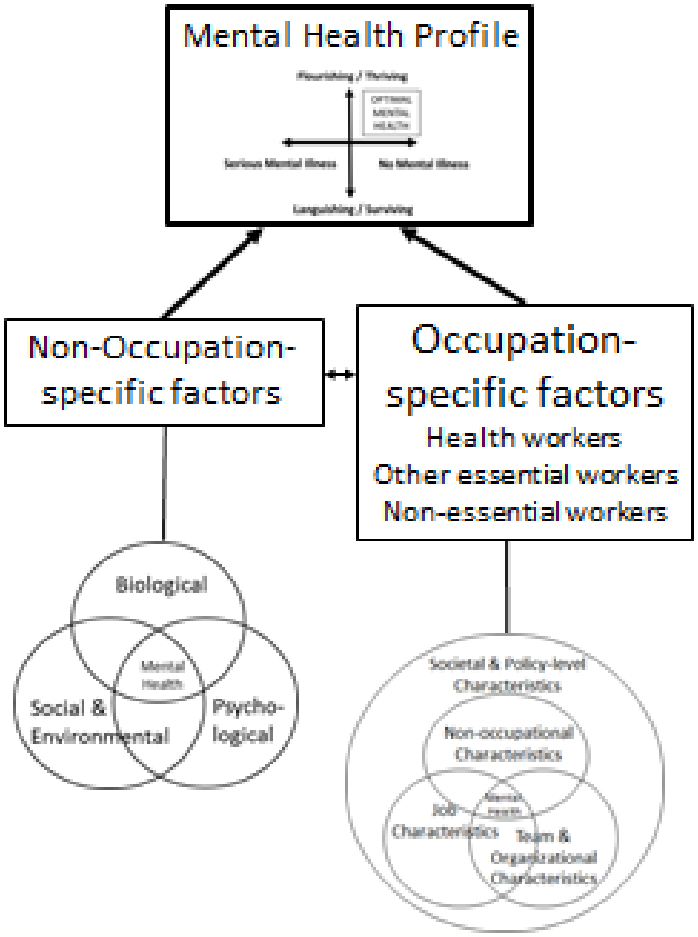


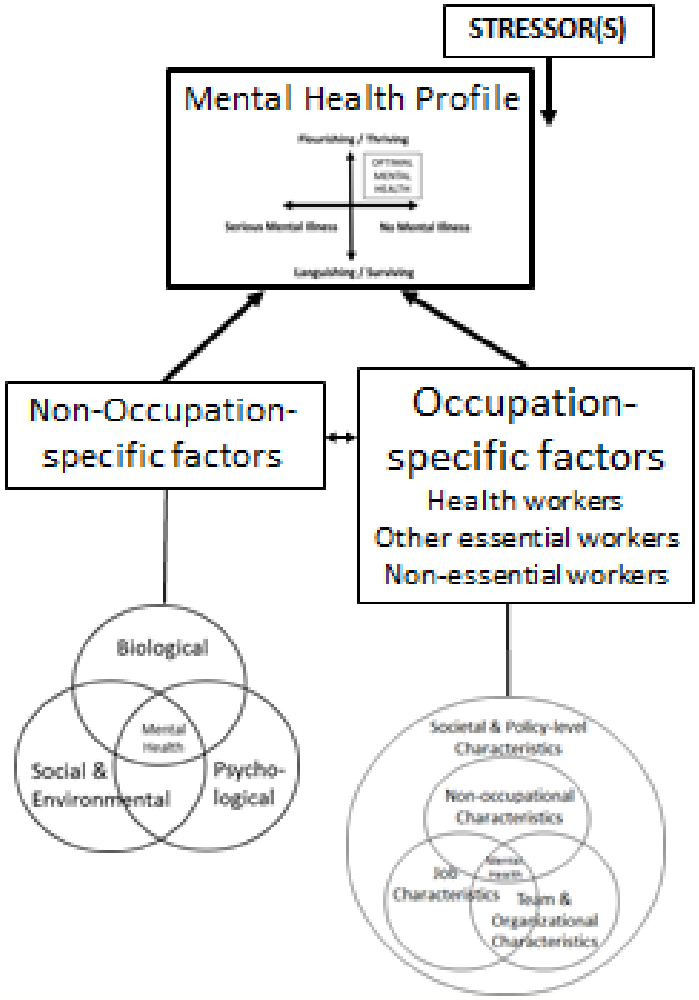
Interplay of determinants of mental health



Interplay of determinants of mental health of essential workers




Mental Health Profile
Non-Occupation-specific factors
Occupation-specific factors
Health workers
Other essential workers
Non-essential workers
Biological
Social & Environmental
Psycho-logical
Societal & Policy-level Characteristics
Non-occupational Characteristics
Job Characteristics
Team & Organizational Characteristics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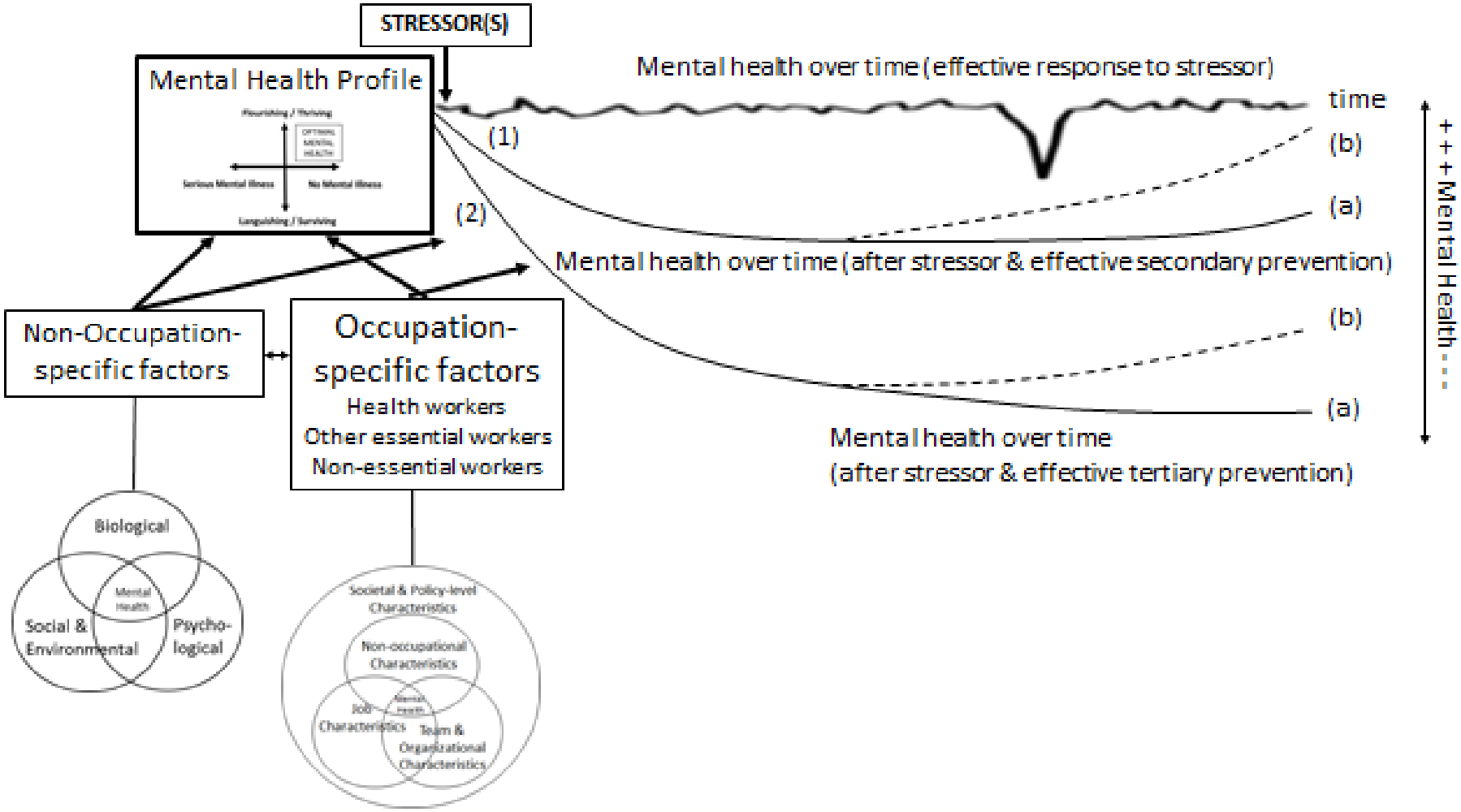
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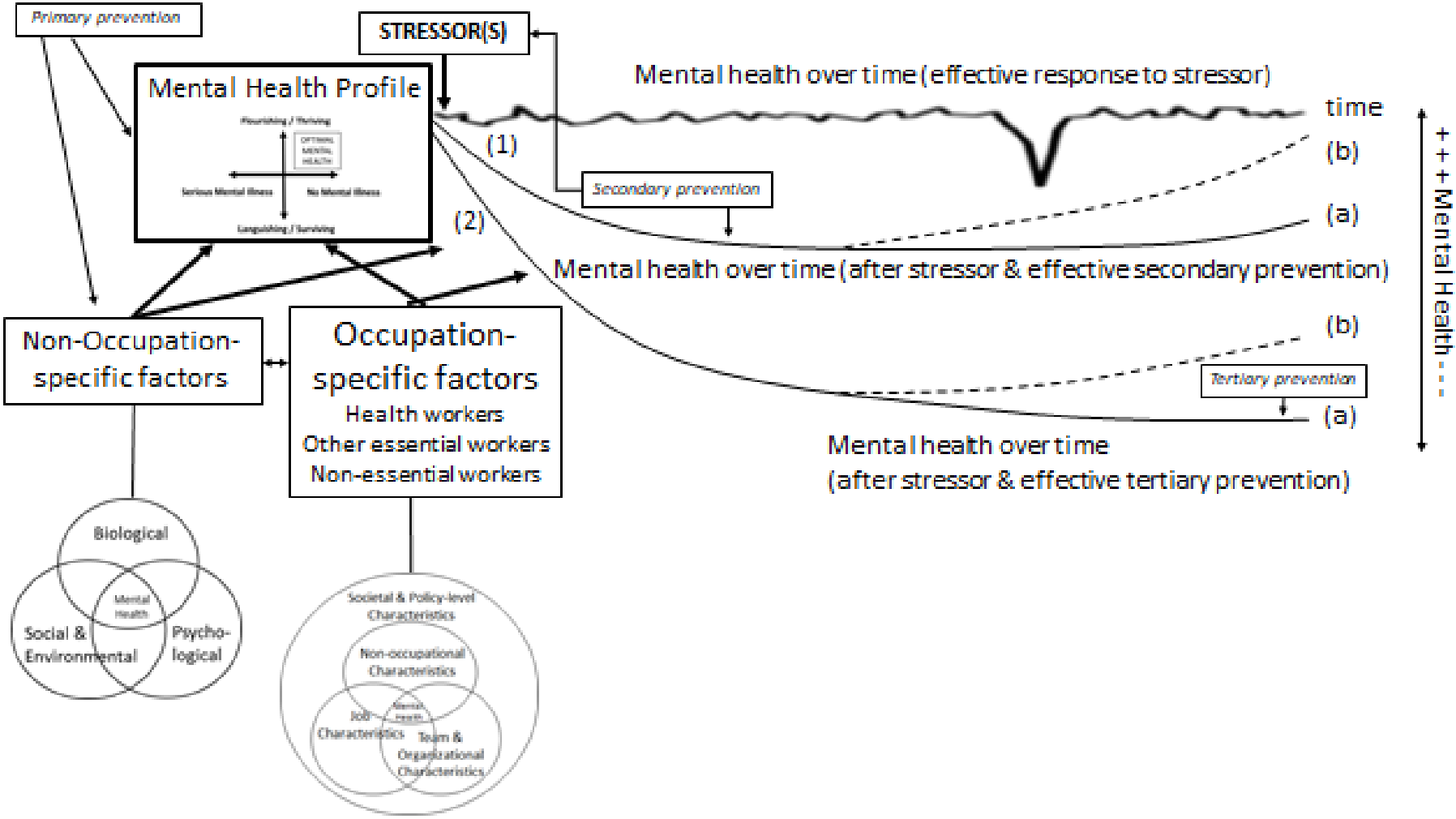
Mental health over time (effective response to stressor)
time
(1)
(b)
(a)
(2)
Mental health over time (after stressor & effective secondary prevention)
(b)
(a)
Mental health over time
(after stressor & effective tertiary prevention)
+ + + Mental Health - - -


Primary prevention
STRESSOR(S)
Mental Health Profile
Mental health over time (effective response to stressor)
time
(1)
(b)
Secondary prevention
(2)
(a)
Mental health over time (after stressor & effective secondary prevention)
+ + + Mental Health - - -
(b)
Tertiary prevention
(a)
Mental health over time
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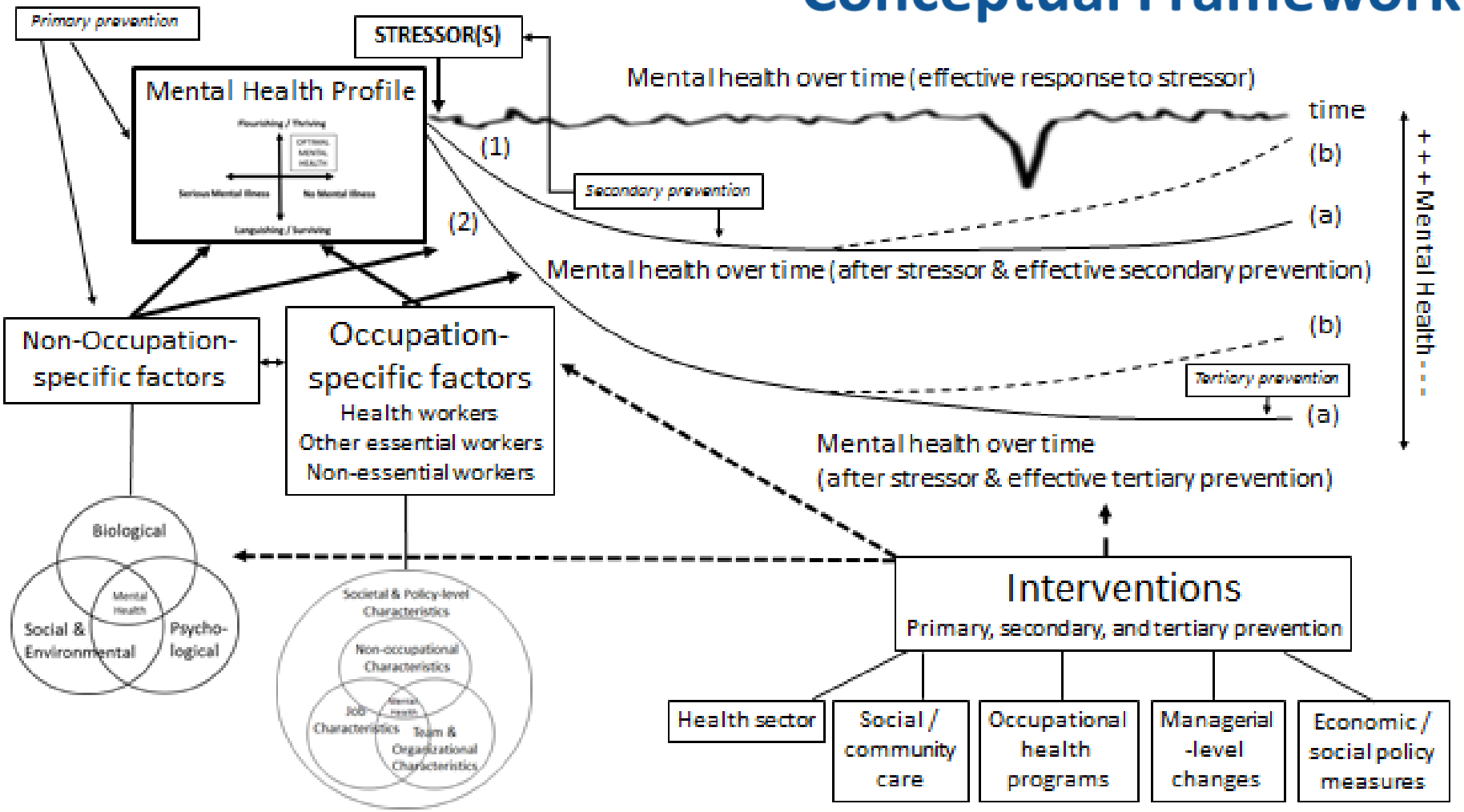
Conceptual Framework

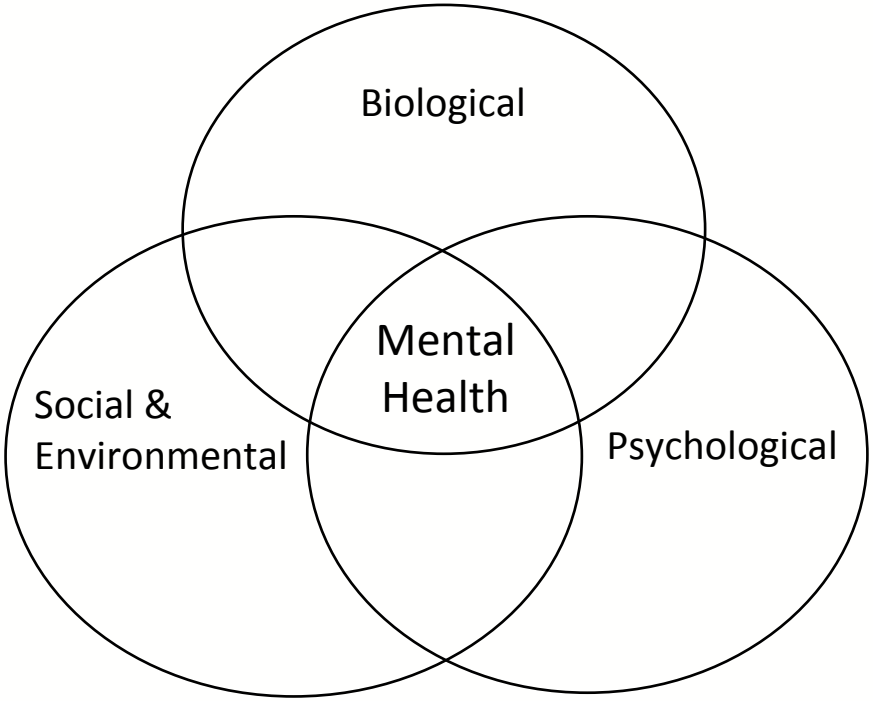


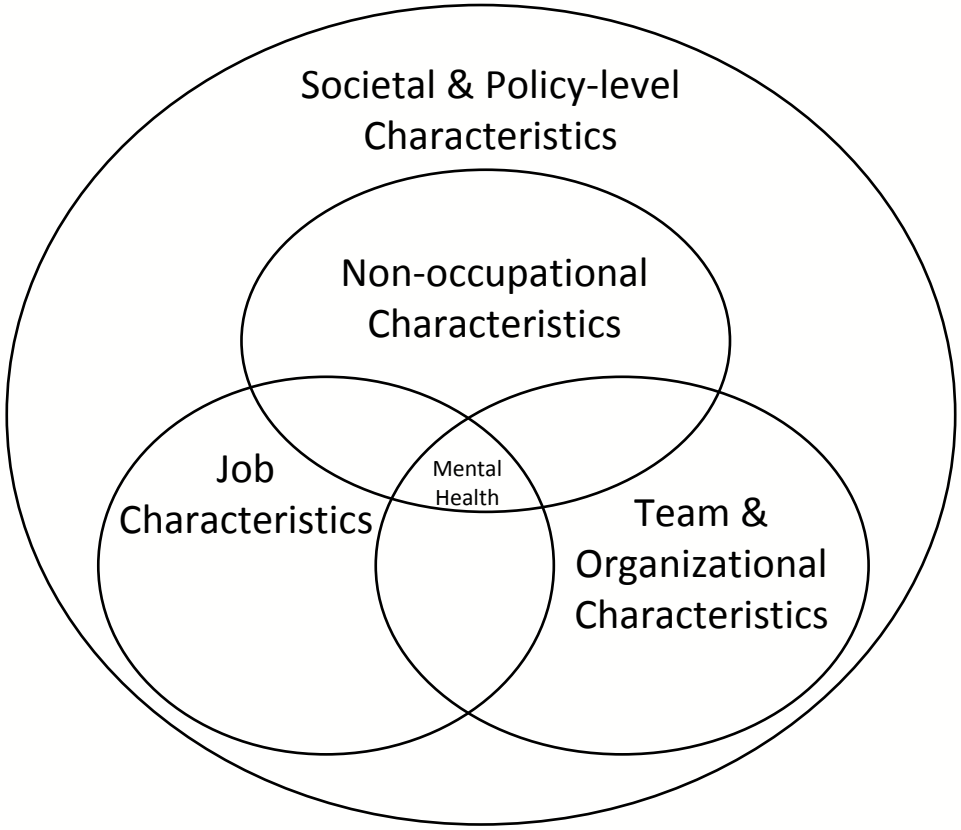
Specific factors influencing mental health of the health workforce and of other essential workers

Specific factors influencing mental health

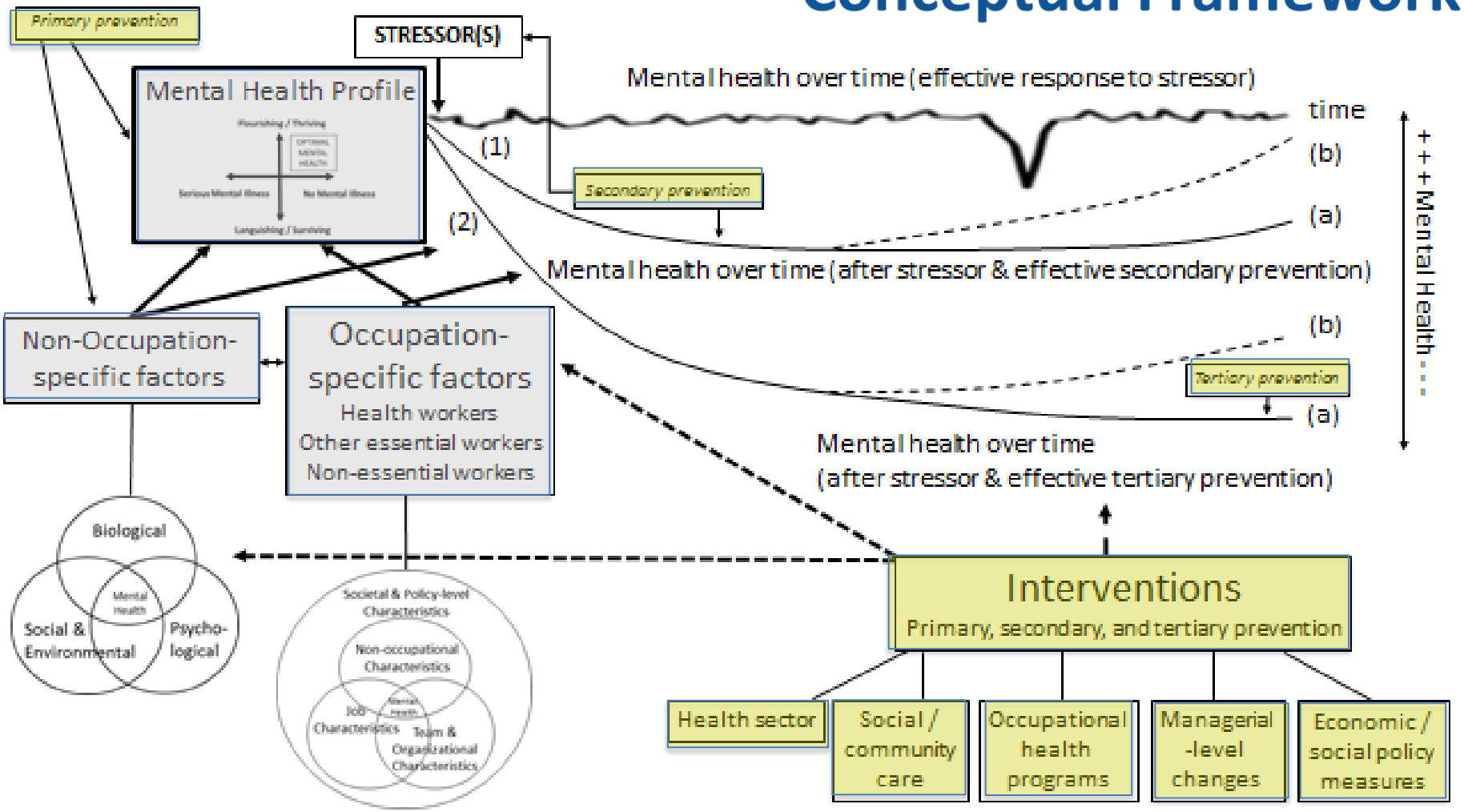
- Definition of essential worker
- Role of exposure to SARS-CoV-2 and related concerns
- Specific factors in the health workforce
  - *Burnout*
  - *Moral injury*

Interplay of determinants of mental health of essential workers





Conceptual Framework



What interventions could be effective in addressing mental health support needs?

Effectiveness of interventions

- Individual
- Service
  - *Communication and training*
  - *Infection control*
  - *Workload*
  - *Personal support*
  - *Psychological*
- Societal
- Coordinated and/or integrated approaches
- Addressing stigma

European Commission Initiatives

- SC1-BHC-2019: Mental health in the workplace
  - *Magnet4Europe*
  - *H-WORK*
  - *EMPOWER*
- DG SANTE The Public Health Best Practice Portal
  - *GET.ON - Online Health Trainings (Germany)*
  - *Psychologically Informed Environments (UK)*
  - *Aspects of the European Alliance Against Depression (Germany)*

Using existing data, assess the cost of mental health problems in the health workforce and the cost-effectiveness of mental health interventions

Cost-effectiveness of workplace mental health programs

- Effectiveness research and cost quantification of impact is challenging
  - *Defining a complex intervention or program*
  - *Assessing outcomes*
  - *Measuring of inability to work / function*
  - *Capturing non-medical costs*

- Pre-pandemic analyses show return on investment

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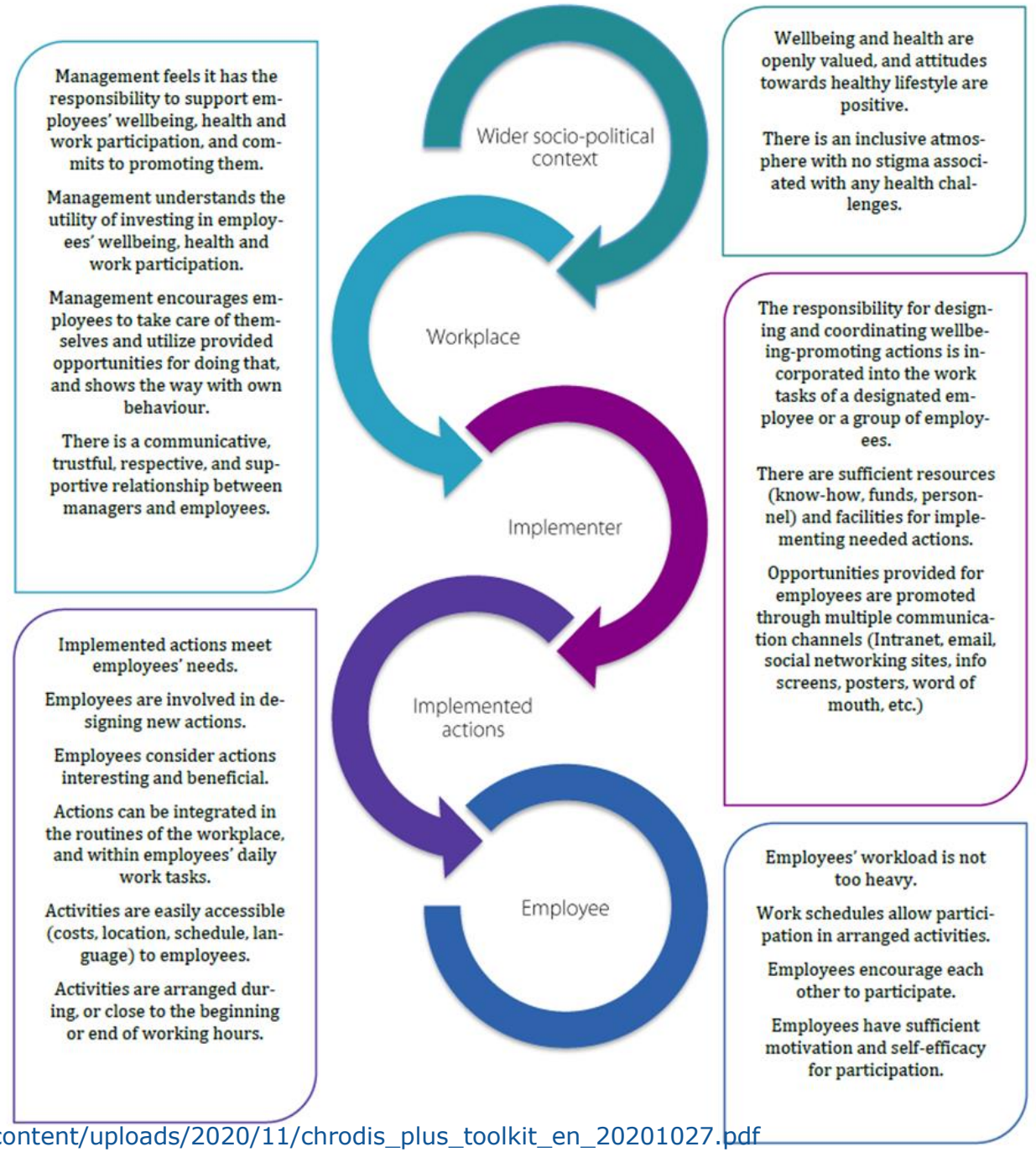
What are the conditions for the delivery of these interventions in a cost-effective, affordable and inclusive manner?

Health

CHRODIS+ Toolkit for Workplaces



http://chrodis.eu/wp-content/uploads/2020/11/chrodis_plus_toolkit_en_20201027.pdf

Delivery Conditions by CFIR Domain

- **Intervention characteristics:** Adaptability, co-design, packaging as “mandatory de-briefs” or “preparedness sessions”
- **Implementation process:** Continuous monitoring and evaluation; role of peer “champions”
- **Characteristics of individuals involved:** Diversity; heterogeneity
- **Organizational-level characteristics:** Workplace culture and leadership
- **External factors:** Clear and comprehensive regulatory and financial structure, with mechanisms of support

CFIR = Consolidated Framework for Implementation Research (Damschoder et al., 2009)

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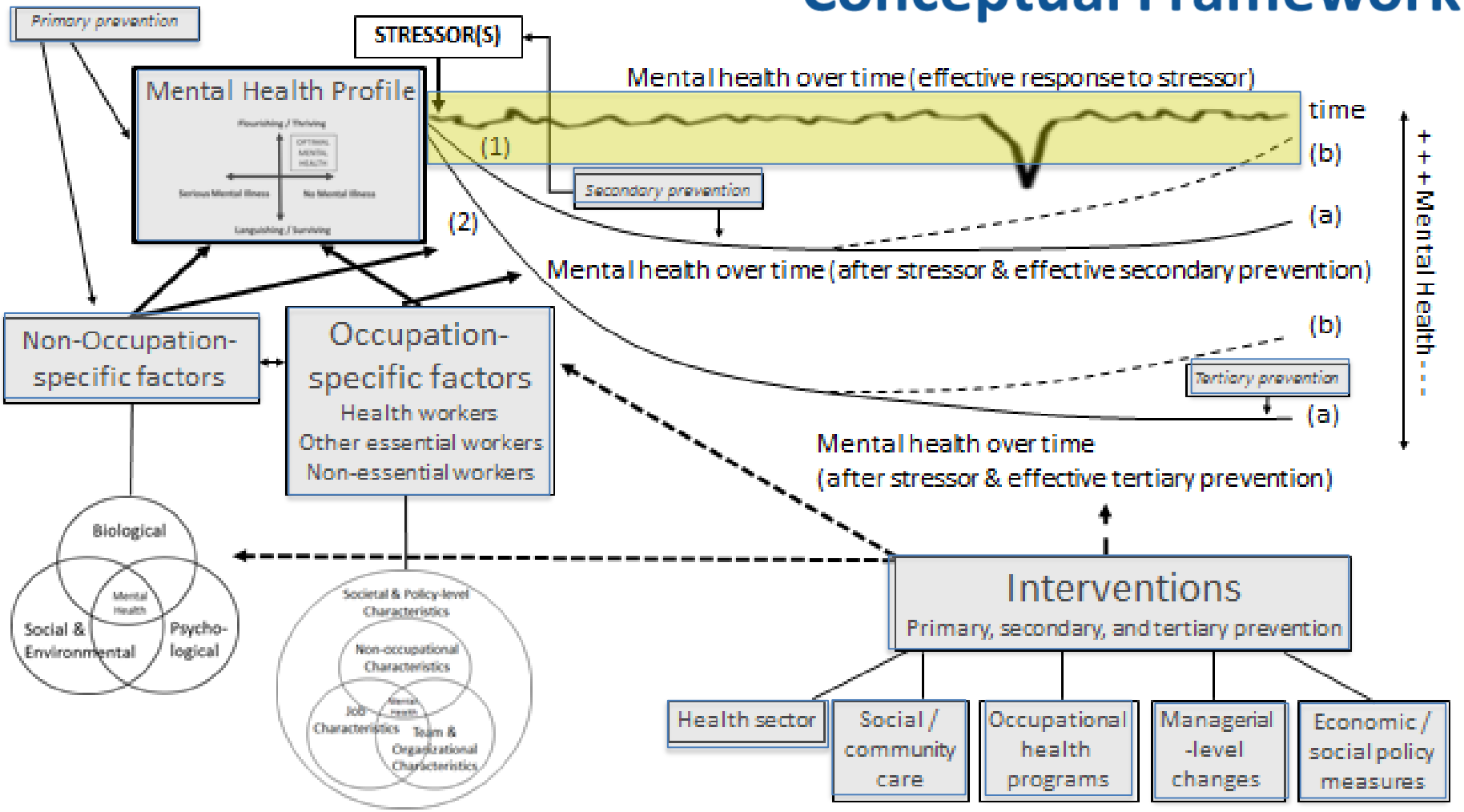
How can the EU address these concerns?

Conceptual Framework



Recommendations

1: Focus on mental wellbeing

Action point 1.1. Re-conceptualize

2: Treat mental wellbeing as an inherent part of the organisation

2.1. Have a mental wellbeing plan

2.2. Report on mental wellbeing

2.3. Identify workplace hazards to mental wellbeing

2.4. Ensure that organisations of all sizes participate

2.5. Charter of Rights to Wellbeing at the Workplace

3: Create a supportive institutional framework at EU-level

3.1. Protect mental wellbeing in labour market legislation

3.2. Set an EU-level framework to measure wellbeing of workers

3.3. Develop reliable screening tools

3.4. Ensure accountability

3.5. Provide guidance on “mentally protective” workplaces

4: Create an appropriate cost-effectiveness framework

5: Build and share knowledge on interventions, further developing current initiatives

5.1. Promote research

5.2. Build conditions

6: A common vision for mental health care

6.1. Move quickly

7: Prepare organisations and their leaders

7.1. Improve leadership

7.2. Prepare for the job

7.3. Provide support in emergency situations

7.4. Train for the long term

8: Provide timely and adequate access to care

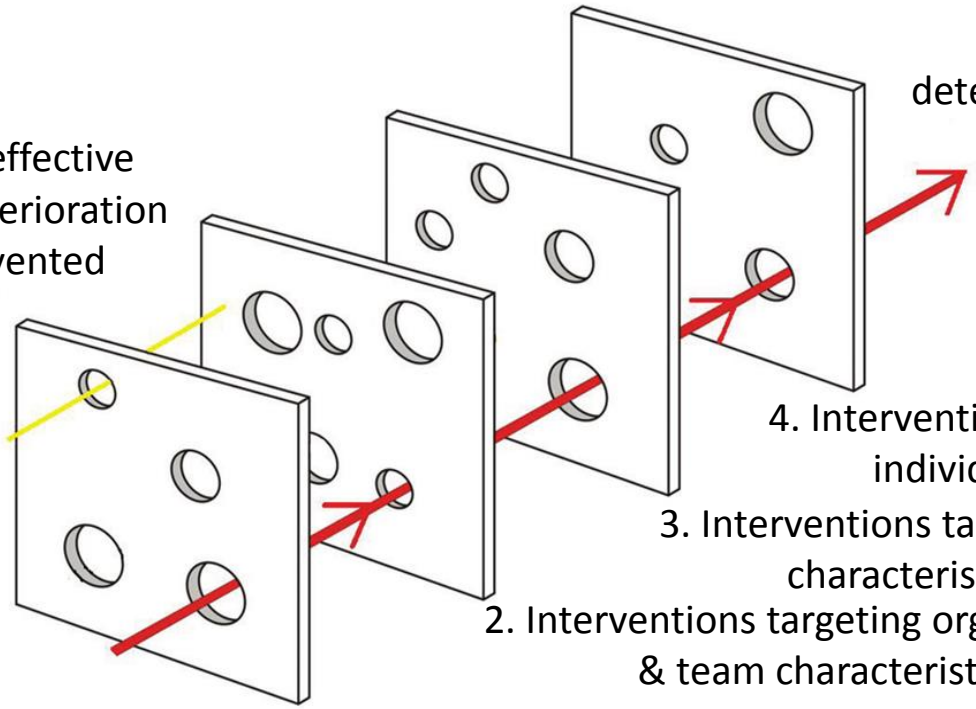
8.1. Communicate properly within the health system

8.2. Develop new solutions

The Swiss Cheese model for supporting mental health of essential workers

Trajectory towards deteriorating mental health

Trajectory blocked by effective intervention; further deterioration in mental health prevented



4. Interventions targeting modifiable individual characteristics

3. Interventions targeting job characteristics

2. Interventions targeting organisational & team characteristics

1. Interventions targeting economic / social policy characteristics

Mental Health Profile

Reason, 1990 adapted by EXPH

Discussion

Thank You !

Comments, Questions & Answers

Additional comments

SANTE-EXPERT-PANEL@ec.europa.eu

by 16 June 2021

Back-Up

Risk and protective factors in crisis situations

Factor Level	Risk Factors	Protective Factors
Individual, clinical	- Increased contact with infected patients - Precautionary measures creating perceived impediment to doing job - Forced re-deployment to look after affected patients - Higher risk among nurses	+ Frequent short breaks from clinical duties + Adequate time off work + Faith in precautionary measures + Self-perception of being adequately trained and supported + Working in an administrative or managerial role
Individual, training and experience	- Inadequate training - Lower levels of education - Part-time employee - Less clinical experience	+ Greater experience through years worked
Individual, personal	- Increased time in quarantine - Staff with children at home - Personal lifestyle impact by epidemic/pandemic - Infected family member - Single or social isolation - Female sex - Lower household income - Comorbid physical health conditions - Younger age	
Individual, psychological	- Lower perceived personal self-efficacy - History of psychological distress, mental health disorders, or substance misuse	+ Supportive peers + Family support
Service	- Perceived lack of organisational support - Perceived lack of adequacy of training - Lack of confidence in infection control - No compensation by staff by organisation	+ Positive feedback to staff + Staff faith in service's infection control procedures + Provision of protective gear +Effective staff training in preparation for outbreaks + Staff support protocols + Clear communication with staff + No infection among staff after start of strict protective measures + Infected colleagues getting better + Access to tailored psychological interventions based on needs of individual staff
Societal	- Social stigma against hospital workers	+ A general drop in disease transmission

Kisely et al., 2020

Effectiveness of workplace- and societal-level interventions

Level	Recommendations to deal with psychological problems
Individual	* Staff "buddy" system to support personal precautionary measures * Encouragement among peers * Sufficient rest and time off * Opportunities for reflection on the effects of stress * Increased support from family and friends
Service, communication and training	* Clear communication with staff * Training and education around infectious diseases
Service, infection control	* Clear direction and enforcement of infection control procedures * Screening stations to direct patients to relevant infection treatment clinics * Sufficient supplies of adequate PPE * Re-designing nursing care procedures that pose high risks for spread of infections * Improving safety, such as better ventilation systems or constructing or negative pressure rooms to isolate patients * Reducing the density of patients on wards
Service, workload	* Appropriate work shifts and regular breaks * Avoidance of compulsory assignment to caring for patients with COVID-19 * Re-arranging hospital infrastructure, such as re-deployment of wards and human resources * Available of hospital security to help deal with uncooperative patients
Service, personal support	* Guaranteed food and daily living supplies * Alternate accommodation for staff who are concerned about infecting their families * Video facilities for staff to keep in contact with families and alleviate their concerns
Service, psychological	* Recognition of staff efforts * Training to detail with identification of and responses to psychological problems * Minimising time in quarantine * Access to psychological interventions
Societal	* Minimisation of stigma and discrimination * Attention to media portrayal of healthcare workers

Kisely et al., 2020