How might the NHS protect the mental health of health-care workers after the COVID-19 crisis?

Throughout the COVID-19 crisis, many health-care workers have worked long hours in high-pressured novel circumstances characterised by trauma and moral dilemmas.[1] Health-care workers have contended with the risk of infection, and by extension infecting their families, with outcomes seemingly worse for some, including black, Asian, and minority ethnic staff. Additionally, remote working is likely to have had its own challenges. Some staff will undoubtedly thrive in such circumstances, but we should now plan how to identify and support those who do not.

Post-trauma social support and stressors experienced during recovery are the risk factors most strongly predictive of longer-term mental health status.[2] Such stressors might be directly attributable to the crisis (eg, a colleague's death) or secondary (such as relationship or employment difficulties).[3]

Much evidence shows that supportive managers foster better mental health.[4] Furthermore, there are lessons from military practice[5] that can be applied to the post-COVID-19 health-care landscape. There are four key elements in an evidence-based staff National Health Service recovery plan. First, giving thanks, both written and verbally, which acknowledges the challenging work undertaken, can foster individual resilience.[6] This communication should include accurate up-to-date information about potential psychological difficulties and supports. Second, return-to-normal work interviews by supervisors who feel confident speaking about mental health. These interviews allow for a better understanding of a staff member's experiences, while identifying secondary stressors in order to collaboratively design individualised recovery plans. Such discussions reduce sickness absence in other trauma-exposed occupations.[7] Third, active monitoring for anyone exposed to potentially traumatic events, particularly individuals considered to be at higher risk of developing mental health problems.[8] Although such monitoring is another function of good management, evidence supports proactive case finding, which proved successful after the London bombings.[9] An anonymous online self-check tool might encourage honest and meaningful responses while providing automated tailored feedback. Fourth, group discussions to help staff to develop a meaningful narrative that reduces risks of harm. Schwartz rounds, a structured forum for clinical and non-clinical staff to discuss emotional and social aspects of work, are one such evidence-based model.

Successful recovery planning[10] should minimise the onset of mental illness while maximising the opportunity for psychological growth.[1] Proactive managers should follow the evidence, which is both legally required and what staff deserve.

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