

# Department of Surgery and Cancer Effect of Covid-19 on NHS Staff Mental Health

Presented by: Jimmy Mena (first author)  
Upper GI Surgical Registrar  
Leighton Hospital

Mahmoud Sallam (Second author)  
General Surgery Registrar  
Oxford University Hospital

**Abstract:- The COVID-19 pandemic posed a range of threats to the mental health and well-being of the workers of the GSP. This group was more vulnerable to mental illness than other job groups due to the pandemic. However it is not clear to what degree the mental health of the staff of the National Health Agency (NHS) deteriorated after the pandemic and the quality of the data is mixed. Further study is needed to clarify the worker classes who could be especially at risk and the longer-term effect of the pandemic on the mental health of the national health workers. However, fostering the mental health and well-being of the workers of the GSP at this period could enhance the present and potential ability and efficiency of its employees.**

## I. INTRODUCTION:

The impact of an epidemic on mental health is generally ignored in pandemic control, but the impact is costly. Early studies have shown that medical professionals who are closely involved in the diagnosis, management, and care of COVID-19 patients are at risk for experiencing signs of mental health. Similar adverse psychological reactions were reported to medical personnel in a previous study during the severe acute respiratory syndrome (SARS) outbreak in 2003. Increased number of reported cases and deaths, workload, inadequate personal protective equipment (PPE), care of means, lack of special care, susceptibility to disease, need to continue quarantine and at work Insufficient feelings of support add to the emotional burden of medical staff. Psychological well-being has a great impact on people's success. The impact of COVID-19 on mental health is well established by different groups, including medical professionals from different countries. However, little is known about the impact of the COVID-19 epidemic on doctors. During the initial response to COVID-19, there were media reports of inadequate test kits and a shortage of personal protective equipment. In the workplace, healthcare workers need supportive structures to enhance their emotional well-being, and their work must be constantly monitored, which is critical in the event of a healthcare crisis. A rapid assessment of the mental health status and mental health requirements of health care workers in an emergency can enable administrators to adapt and reduce clinical trauma, as well as align healthcare providers with patient needs.

## II. IMPLICATIONS OF COVID-19:

- Social isolation can be harmful to mental well-being. In previous epidemics, feelings of depression have increased in quarantine populations. A recent quick analysis of quarantine has shown the majority of negative effects to affect well-being and mental health. Bad psychological effects included signs of traumatic stress, confusion, and anger. Stress factors included prolonged quarantine, fear of illness, dissatisfaction, boredom, inadequate care, insufficient knowledge, financial loss, and stigma.
- Experiencing with an epidemic can cause mental illness or worsen. A strong public health solution is needed to address some of the mental disorders such as depression, anxiety, substance abuse, post-traumatic stress disorder and escalating issues in complex grief. Epidemic influenza figures indicate an increase in suicide rates. Emerging data also suggest that people with particularly severe effects from the virus may worsen mental health. The first systematic analysis of research on the psychological effects of coronavirus infection looked at the results of those treated after the last pandemic, as well as on COVID-19. Results suggest that admitted individuals have an increased risk of depression, anxiety, and traumatic stress disorder.
- The economic crisis has become a challenge for mental health, and the financial implications of control over companies have also led to forecasts of a severe, prolonged and deep recession, including the Treasury Secretary. The data suggest that rising unemployment and financial hardship may contribute to a sharp increase in suicide rates. The effects of economic recession on child neglect, domestic violence, intoxication, mental illness and suicide are also well known. Mental health center research has been calculated based on the impact of the financial crisis, and we expect that more people will experience mental health problems.

### III. THE EFFECTS OF STAYING HOME:

- The World Health Organization has also reported that older people, especially those in isolation, and those with cognitive impairment or dementia may also do so. More nervous, angry, stressed, irritable and retreating during an outbreak or quarantine. It is important to respond to the needs of particularly vulnerable groups.
- For some children and adolescents who are more vulnerable to mental illness, long breaks from school can affect normal psychological development. For example, summer vacation is associated with poor mental health and well-being in children and adolescents. Since then, concerns have arisen among children at risk of violence against children away from home. There is a well-established correlation between child abuse and the consequences of worse mental health, which can have a direct impact on mental health.

### IV. THE NEED OF ADDITIONAL MENTAL HEALTH CARE AND SUPPORT:

- An encouraging mental health policy has been introduced in England in recent years. Mental wellness research five years into 2016 had welcome promises, many of which have already been realized. Good improvements. For example, the availability of services like Perinatal Mental Wellness and EIP (Early Intervention against Psychosis) as well as better analysis of mental health outcomes has increased. More recently, the SPG's long-term strategy set new ambitions to improve mental health care in England, including a commitment to increase funding by at least £ 2.3 billion a year in 2023/24, which was exclusively reserved for mental health. .
- However, doctors are very concerned about the state of mental health care and the failure to meet certain basic ambitions. Patients who have not been able to receive care or have not received mental health support since the onset of COVID-19 are more likely to have specialist referral routes once re-established. We are concerned that the mental health system lags far behind most physical health services in terms of resources, patient access to treatment, and overall patient outcomes.

### V. SPECIFIC GUIDELINES:

- Over the lifetime of the long-term program, there is a need to increase spending on mental wellness with greater investment in primary care, public mental health, mental health research and community wellness. Funding for Clinical Commissioning Groups (CCGs) will be made available in light of the increase in demand expected to be generated by COVID-19. The demand for mental health is expected to increase due to COVID-19, and resources must be properly funded. A survey of more than 1,400 adults with a recurring mental illness charity showed that in the early stages

of incarceration, those with pre-existing mental illness are severely impacted by improvements in care. Three-quarters (79%) say their mental health is getting worse or worse as a result of the epidemic and the measures taken to control it.

- Access should be restored as soon as possible, and the prescribed NHS admission standards for mental health include sufficient resources to bring them. As the National Institutes of Health (NHS) continues to grow in response to the epidemic, routine treatment, including psychological well-being, has been briefly discontinued. And before that, many occupational therapy programs had longer waiting periods and greater access to boundaries of care. Once services are finally restored, the challenges of seeking treatment are further compounded by the influx of existing patients who are unable to pay for care as a result of this delay, as well as new patients affected by COVID-19.
- Recruitment and training of mental health workers should be a priority for the NHS. While the impact of the epidemic puts more emphasis on mental health workers, efforts to retain existing workers must improve dramatically. This should include protecting the physical and mental health of employees, participating in educational opportunities and continuing employment growth, and other measures outlined in the Mental Health Action Strategy. Where differences persist, recruitment must remain serious. Government and independent agencies need to work together to ensure that mental health professionals have adequate support to meet people's mental health needs. High quality data will help prepare employees at the state, country and system level to determine and analyze whether there are enough employees to meet demand.
- Funding for the health and well-being of all healthcare professionals must be affordable and affordable in the long run. Earlier epidemic reports have shown a high mental health burden for healthcare professionals, emphasizing the need for critical resources both before and after the crisis. After spring, self-quarantine at home is encouraged if there are signs of COVID-19. Therefore, clinical staff did not want to return to work when their colleagues were working very hard. Psychiatry concluded that "they eventually lost their lives that should have been saved in other situations." As a result, many healthcare professionals are expected to suffer some degree of mental and psychological damage. In addition, some healthcare professionals will have to make legally difficult choices during the COVID-19 pandemic.
- All NHS staff must have access to adequate mental health training. If the impact of COVID-19 is affecting the mental health of the population, it is important to ensure that all NHS staff have basic mental health skills, especially primary care, which is the first port of call for patients with mental health problems.

## VI. PREVENTION:

- ✓ There is a need for an intergovernmental project to improve public mental health. The effects of COVID-19 are not invariably experienced. Emerging research, for example, has shown that young men and women face more mental health stress from the first two months of closure. These are the two classes of people who suffer from mental illness before the epidemic. The Mental Health Center has raised questions about the impact of spreading COVID-19 on ethnic minorities, suggesting that these groups are more likely to have a mental illness before the epidemic. Method of meeting the needs of the oppressed population.
- ✓ The state and local governments and the National Institutes of Health (NHS) must adopt a health care decision-making process in all measures by examining the impact of mental health on all proposed legislative initiatives. Given the threats to the psychological well-being of the population as a result of the COVID-19 epidemic, a properly funded public mental health plan is urgently needed. Any decision taken by the government in response to COVID-19 and its proposals to loosen the locking restrictions will be important to consider for mental health. As part of a larger 'for health' approach to decision-making, policymakers must 'adopt mental health in all policies' by conducting an impact analysis of mental health before adopting any major new policies. It will continue to promote policies that promote mental well-being while avoiding the adoption of any laws that have a detrimental effect on general mental health.

- ✓ Relevant funds should be provided to local councils to encourage them to do so.

Substantially raise investment on general mental welfare. In 2019, local authorities in Europe spent less than 1.7% of their overall public health spending on public mental health, some of which reported no investment in this area. Immediate focus should also be paid to opioid addiction programmes, with questions raised about alcohol issues having escalated after social distancing initiatives were introduced in January.

## VII. DISCUSSION:

COVID-19 dramatically affects general mental health and the ability of mental health providers to cope with demand. The consequences of this epidemic will be felt more intensely by some groups than by others. It will be important to understand the consequences of this project on all disadvantaged populations to encourage public policy response to protect people's mental health and to eliminate health inequalities. The epidemic is an opportunity to review your commitment to public mental health and make sure it benefits everyone's mental health. Mental health programs are permanent and under-funded, but their ability to respond to the demands of the population will be critical to preventing any post-cod mental health epidemic.

## REFERENCES:

- [1]. Yao H, Chen JH, Xu YF (2020) Patients with mental health disorders in the COVID-19 epidemic. *Lancet Psychiatry*. 7(4):e21. [https://doi.org/10.1016/S2215-0366\(20\)30090-0](https://doi.org/10.1016/S2215-0366(20)30090-0)
- [2]. Xiang YT, Zhao YJ, Liu ZH, Li XH, Zhao N, Cheung T, Ng CH (2020) The COVID-19 outbreak and psychiatric hospitals in China: managing challenges through mental health service reform. *Int J BiolSci* 16(10):1741–1744. <https://doi.org/10.7150/ijbs.45072>
- [3]. Kavoor AR, Chakravarthy K, John T (2020) Remote consultations in the era of COVID-19 pandemic: preliminary experience in a regional Australian public acute mental health care setting. *Asian Journal of Psychiatry* 8(51):102074. <https://doi.org/10.1016/j.ajp.2020.102074>
- [4]. Moreno C, Wykes T, Galderisi S, Nordentoft M, Crossley N, Jones N, Cannon M, Correll CU, Byrne L, Carr S, Chen EYH, Gorwood P, Johnson S, Kärkkäinen H, Krystal JH, Lee J, Lieberman J, López-Jaramillo C, Männikkö M, Phillips MR, Uchida H, Vieta E, Vita A, & Arango C (2020). How Mental Health Care should change as a Consequence of the COVID-19
- [5]. Albert, I. (2019). Psychological Trauma Outreach, Screen and Support Service for London Terrorist Incidents October 2017–September 2019. Retrieved from: <https://www.kcl.ac.uk/opp/ept//esearc/mpart/uick-link/eminar-Slide/eminar-1/6-albert-outreach-and-screen-slam.pdf> Google Scholar
- [6]. Babin, B. J., & Boles, J. S. (1996). The effects of perceived co-worker involvement and supervisor support on service provider role stress, performance and job satisfaction. *Journal of Retailing*, 72, 57–75. [https://doi.org/10.1016/0022-4359\(96\)90005-6](https://doi.org/10.1016/0022-4359(96)90005-6) CrossRef Google Scholar
- [7]. Bailey, A., & Heke, S. (2019). Real World Trauma Therapy in a Changing Environment. Workshop as part of 'Making CBT Work in Challenging Times, London. Google Scholar
- [8]. Dunne, S. et al. (2020). A Comparative Analysis of the Psychological Impact of COVID-19 on Key Workers within the NHS and the Criminal Justice System. OSF Prepr.,
- [9]. Gilleen, J. et al. (2020). The impact of the COVID-19 pandemic on the mental health and wellbeing of UK healthcare workers. medRxiv,
- [10]. Greenberg, N. et al. (2020). The mental health of staff working in intensive care during COVID-19. medRxiv,
- [11]. Greene, T. et al. (2020). Predictors of PTSD, depression and anxiety in UK frontline health and social care workers during COVID-19. medRxiv,
- [12]. Sumner, R. C. et al. (2020). Grace Under Pressure: Resilience, wellbeing, and burnout in frontline workers in the UK and Ireland during the SARS-Cov-2 pandemic.

- [13]. PsyArXiv, Chief Scientist Office (2020). Rapid Research in Covid-19 programme.
- [14]. National Institute for Health Research (2020). NIHR's response to COVID-19.
- [15]. UK Research and Innovation (2020). COVID-19 research and innovation supported by UKRI.
- [16]. Beck, A. (2019). Understanding Black and Minority Ethnic service users' experience of racism as part of the assessment, formulation and treatment of mental health problems in cognitive behaviour therapy. *the Cognitive Behaviour Therapist*, 12. doi: 10.1017/S1754470X18000223 CrossRef Google Scholar
- [17]. Billings, J., Kember, T., Greene, T., Grey, N., El-Leithy, S., Lee, D., ... & Bloomfield, M. (2020). Guidance for Planners of the Psychological Response to Stress Experienced by Hospital Staff Associated with COVID: Early Interventions. Retrieved from: [https://232fe0d6-f8f4-43eb-bc5d-6aa50ee47dc5.filesusr.co/g/b474f\\_5626bd1321da4138b1b43b78b8de2b20.pdf](https://232fe0d6-f8f4-43eb-bc5d-6aa50ee47dc5.filesusr.co/g/b474f_5626bd1321da4138b1b43b78b8de2b20.pdf) Google Scholar
- [18]. Brooks, S. K., Dunn, R., Sage, C. M. A., Amlôt, R., Greenberg, N., & Rubin, J. (2015). Risk and resilience factors affecting the psychological wellbeing of individuals deployed in humanitarian relief roles after a disaster. *Journal of Mental Health*, 24, 385–413. doi: 10.3109/09638237.2015.1057334 CrossRef Google Scholar PubMed
- [19]. Cabinet Office (2020). Guidance for schools, childcare providers, colleges and local authorities in England on maintaining educational provision. Retrieved from: <https://www.gov.uk/government/publications/coronavirus-covid-19-maintaining-educational-provision-guidance-for-schools-colleges-and-local-authorities-on-maintaining-educational-provision> Google Scholar
- [20]. Chen, Q., Liang, M., Li, Y., Guo, J., Fei, D., Wang, L. ... & Zhang, Z. (2020). Mental health care for medical staff in China during the COVID-19 outbreak. *The Lancet Psychiatry*, 7, 15–16. doi: 10.1016/S2215-0366(20)30078-X CrossRef Google Scholar PubMed
- [21]. National Institute for Health Research (2020). Research into the longer term effects of COVID-19 in non-hospitalised individuals.
- [22]. Kwong, A. S. F. et al. (2020). Mental health during the COVID-19 pandemic in two longitudinal UK population cohorts. medRxiv.
- [23]. Greenberg, N. et al. (2020). Managing mental health challenges faced by healthcare workers during covid-19 pandemic. *BMJ*, Vol 368, m1211.