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

Hearing on the draft opinion on ‘supporting mental health of health workforce and other essential workers’

Brussels, 8 June 2021 (virtual meeting)

Aim and objectives

The Expert Panel on effective ways of investing in health (EXPH) is an interdisciplinary and independent group established by the European Commission in 2012 to provide non-binding independent advice on matters related to effective, accessible and resilient health systems in the form of opinions.

The aim of the hearing was to provide stakeholders with an opportunity to share their views on the draft opinion of the Expert Panel on “**Supporting mental health of health workforce and other essential workers**”. The draft opinion was published online prior to the meeting and can be accessed [here](#).

The hearing was organised online via Webex, hosted by the Health Policy Platform. Over 100 participants attended the hearing. Slido was used for live polling of the audience.

Presentation of the draft Opinion

Panel members: Professor Pedro Pita Barros (Chair of the opinion and hearing), Dr Heather-Lynn Rogers, Dr Jelka Zaletel (Rapporteurs of the opinion)

Professor Barros opened the hearing and introduced the Expert Panel on Effective Ways of Investing in Health. The aim of the meeting was to obtain feedback on the draft opinion ‘**Supporting mental health of the health workforce and other essential workers**’ from the participants. Slido and the chat function were used to interact with the audience. The interactive elements were interspersed throughout the presentation and the results can be found at the end of this report.

Professor Barros introduced the mandate of the opinion. The Panel was asked to: provide guidance on specific factors influencing mental health of the health workforce and essential workers; which interventions could be effective in addressing mental health support needs; how to assess the cost of mental health problems in the health workforce and the cost-effectiveness of

mental health interventions; what the conditions are for the delivery of these interventions in a cost-effective, affordable and inclusive manner; and how can the EU address these concerns.

The Panel members presented summaries of the key points of the draft opinion during the meeting.

1) Overview of mental health and conceptual framework

Dr Zaletel explained mental health as a two-dimensional grid. On one dimension lies a continuum, described as pathogenic or illness focused, from no mental illness to serious mental illness. On another, the salutogenic, health and wellbeing focused, between flourishing/thriving and languishing/surviving.

The framework that underpins this opinion considers the two dimensional view of mental health, non-occupational factors and their interplay, and occupational factors.

Mental health and wellbeing can be supported by interventions enacted within and outside of the health sector at primary, secondary, and tertiary prevention levels. Focus on wellbeing was particularly important for effective prevention strategies. This is especially relevant for essential workers.

2) Specific factors influencing mental health of the health workforce and essential workers

Dr Rogers described the definition of essential workers in the context of the COVID-19 pandemic. Each Member State determined their own lists of “essential workers”, encompassing individuals who perform a range of services and operations in industries that are necessary to ensure the continuity of critical functions of a country and maintain critical infrastructure. There is limited data about the risk or protective factors for mental health of health workforce and essential workers during the pandemic. As a result, the opinion focuses on factors and interventions in the health workforce, mostly hospital workforce, since these data are available.

Specific factors influencing mental health can be either risk or protective factors. The non-occupational specific factors are biological, psychological and social & environmental factors and their interplay. Occupational factors, such as job characteristics, and organisational and team characteristics, interact with the non-occupational characteristics in a broader societal and policy-level.

3) What interventions could be effective in addressing mental health support needs

The framework includes interventions to provide primary, secondary and tertiary prevention across sectors, settings and levels, the most relevant being the health and social/community care sectors, the workplace (such as occupational health programmes and managerial-level changes), and within the wider economic and social policy arena.

Primary interventions are proactive by nature by preventing exposure to a known risk factor and keep harmful effects from emerging. They may also enhance an individual’s tolerance or

resilience in order to manage or cope more effectively with a stressor. Secondary prevention efforts happen before mental illness causes a detrimental impact on function. They aim to reverse, reduce or slow the progression of ill health and preclinical conditions. Lastly, tertiary interventions are rehabilitative by nature. They aim to treat and manage a diagnosed condition and minimize its impact on daily functioning.

The knowledge of interventions in the context of the pandemic is limited. Individual level interventions focus on cognitive behavioural therapy paired with Psychological First Aid (PFA) principles seems to be effective.

Effective interventions involving the workplace can range from communication and training, infection control, and workload management to psychological and personal support for employees. At a societal level, minimizing stigmatization and discrimination are important.

Dr Rogers highlighted that coordinated or integrated approaches that involve both individual and workplace level interventions are most promising to adequately sustain mental wellbeing and avoid deterioration of mental health. She added that it is particularly important, in those with pre-existing mental illness and those with concerns about their mental health, to address stigma as it may limit seeking help.

4) How to assess the cost of mental health problems in the health workforce and the cost-effectiveness of mental health interventions

Dr Rogers recalled that even prior to the COVID-19 pandemic, mental health problems caused significant financial impact. However, it is challenging to assess the cost-effectiveness for a number of reasons, such as the complexity of the interventions, assessing mental health outcomes, measuring inability to work and function, and capturing non-medical costs.

Despite limitations, pre-pandemic analysis on mental health programmes show return on investment and further studies of coordinated and integrated approaches are needed.

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

Dr Rogers presented the CHRODIS+ Toolkit for Workplaces, a toolkit for organisations that provide strategies to address mental health and chronic conditions across different levels in the workplace. She explained the delivery conditions from the Consolidated Framework for Implementation Research (CFIR) that provides lists of categories associated with effective implementation of evidence-based practices or interventions.).

6) How can the EU address these concerns

Dr Zaletel presented the draft recommendations of the opinion. Each recommendation is accompanied by specific action points. These actions may take place at local, regional, national or European level.

Recommendations

- Focus on mental wellbeing rather than mental health or illness.
- Treat mental wellbeing as an inherent part of the organisation.
- Create a supportive institutional framework at EU-level.
- Create an appropriate cost-effectiveness framework.
- Build and share knowledge on interventions, further developing current initiatives.
- Have a common vision for mental health care.
- Prepare organisations and their leaders by providing guidance and training on how healthcare organizations can support their staff.
- Provide timely and adequate access to mental health care.

After the presentation, the Chair opened the floor for discussion.

Open discussion: participants' views

EuroHealthNet opened the discussion stressing that is not only on the individual to take control and responsibility for his/her mental health, but it is the system, employer and government's responsibility.

European Network of Occupational Therapy in Higher Education (ENOTHE) commented on the need for best practices based on interdisciplinary visions. It remarked that it is essential for interventions to consider the determinants of health, solidarity practices and culture at the social and organisational level.

Dr Rogers answered that the importance of interdisciplinary approach is covered in this opinion but could be emphasized. She added that it is important to approach mental health from the interdisciplinary perspective as there are economic and political factors that influence mental health. She agreed that mental health should not be limited to individual level interventions. The support mechanisms on mental health should be in place for the general population as a whole. Given that the focus of this opinion was on health workforce and essential workers, the recommendations were conceived with this in mind.

On a question on screening tools from the **Erasmus Medical Centre**, **Dr Rogers** answered that many of the screening tools tend to screen for mental illness symptoms. A few tools can measure well-being.

Barcelona Medical Council commented that health care professionals often feel obliged to demonstrate that they are fit to work, therefore they are reluctant to seek help to address mental health issues. The United Kingdom and Catalonia had extensive experience in treating mental health of health professionals through dedicated programmes. It asked how organisations can learn from programmes that already exist in other countries. Furthermore, it highlighted that organisations were still reluctant to sustain support programmes. On the other hand, due to stigma, health care professionals often do not look for health support within their organisations.

European Public Service Unions (EPSU) raised the links to the proposal for the Directive on Psychosocial Risks and Stress and the upcoming EU Strategic Framework on Health and Safety at Work. It underlined that young professionals should be made aware of general occupational health and safety and risks. It highlighted the importance of collective bargaining and social dialogue to address psychosocial risks and stress. Furthermore, the importance of debate at the EU level and the inclusion of these topics in an EU strategy was emphasized. Finally, it mentioned that it was critical for health care leaders in organisations to be prepared to identify health workers who may require assistance. They added that cultural changes were needed in the organisations and among health professionals to change the perception and importance of mental wellbeing.

Dr Rogers remarked that the recommendations proposed in the opinion align well with the directive, and that we need mechanisms in place to implement it. She continued highlighting that the inclusion of psychological risk factors assessment is essential and only a minority of workplaces is engaging in any kind of risk assessment. That is reason why the recommendations refer to online tools and support for smaller enterprises, and across the EU. The recommendations also emphasize the significance of establishing appropriate delivery conditions for risk assessments.

Representative of Queens University, Belfast commented on the need for mental health literacy for organisations, particularly an understanding of the economic costs on mental ill-health, including absenteeism.

Dr Rogers added that the European Union Agency for Safety and Health at Work (EU-OSHA) recognizes the importance of the psychosocial risk factors.

Standing Committee of European Doctors (CPME) commented on the category of essential workers, which may only be relevant in cases of triage, such as vaccination. It emphasized that all workers need good mental health, and that establishing greater differentiation among workers is unnecessary. CPME also stated that the concept of essential workers might be inappropriate when discussing prevention and mental health, remarking that it is not only for essential workers. CPME raised concern that the opinion's definition of health care organisations is unclear, and that clarification is required. The importance of the recommendation on creating a supportive institutional framework at EU-level was emphasized as a way to make effective measures a reality.

EuroHealthNet agreed with CPME that a key supportive institutional framework at EU level was needed. It raised the issue of how to translate it into reforms for health and social care systems, for example via the EU Recovery and Resilience Facility. It queried about the Expert Panel perspective on gender differences in the approach to supporting mental health of essential workers.

Dr Rogers responded that the gender issue had been thoroughly discussed and that they recognize that the gender aspect, particularly in relation to essential workers and the proportion of females working in these positions, must be considered. She also emphasized the importance of tailoring the intervention to the individual in terms of delivery conditions.

Institution of Occupational Safety and Health (IOSH) asked for a clarification of the next steps from the policy perspective, bearing in mind the upcoming European Framework on Safety and Health at Work and the European Pillar of Social Rights. It further commented that business and employer leadership was critical.

Global Health Hub Germany (GHHG) remarked on the decision to use the COVID-19 pandemic to focus attention on mental health in the health workforce. In Germany, they have experienced that it is critical to prioritize mental health work, especially in the hospital setting, and that mental health workers must be part of clinical teams. Furthermore, it emphasized the importance of including mental health issues in ongoing medical education, such as postgraduate training in basic medical care for doctor and patient communication.

European Agency for Safety and Health at Work (EU-OSHA) drew attention to underfunding of support for essential workers, which translates into risk factors. Moreover, there is a lack of up-to-date risk assessment that takes into account the risk factors that emerged from the pandemic. EU-OSHA is conducting a research survey on how workplaces manage health, safety, and social risks, and that the upcoming year will be devoted to a study on psychosocial risks and mental health.

Conclusion

Dr Roger thanked for the discussion and remarked that we needed to move from the idea that burnout is an individual responsibility to organisational accountability.

Prof. De Maeseneer, Chair of the Expert Panel underlined the importance of this opinion on supporting mental health of the health workforce and other essential workers and thanked the Commission for the opportunity to carry out this work. He stated that the COVID-19 pandemic is an opportunity to work towards more specialised approaches to address mental health issues.

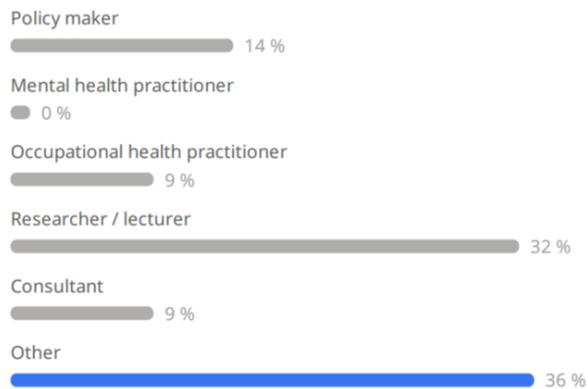
Prof. Barros thanked all attendees for their active participation also via chat and invited them to submit written comments by June 16.

Slido poll results

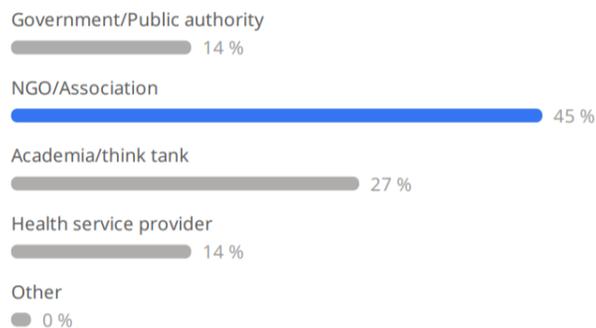
1) What is your nationality?



2) What is your job?



3) What type of organisation do you represent?

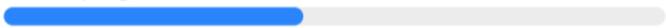


4) What is your involvement in mental health issues?

- Foundation in Catalonia offering assistance and prevention to healthcare prof
- We have a Caring programme for mental health and drug issues for healthcare professionals for over 20 years
- Work-related aspects and occupational health, safety and wellbeing
- Doing research and intervention within the EU H-WORK project - Multilevel interventions to promote mental health in SMEs and public workplaces.
- Social Security
- I'm active in healthcare matters, and it's a public health issue.
- Cancer nurses support patients throughout the cancer care continuum.
- Project manager in research projects seeking to improve and optimise treatment of people with depression and to reduce suicidal behaviour.
- We convey the voice of informal/family carers
- Policy making. Collective bargaining
- Monitoring health policy
- Research and sometimes private practice
- Clinical provider, Academic Researcher
- Research
- Policy
- Member of EXPH / researcher on health policy
- policy
- Topic of research and advocacy
- Research

5) Please rank the recommendations of the Expert Panel in order of importance

1. Create a supportive institutional framework at EU-level.  6.04
2. Treat mental wellbeing as an inherent part of the organisation.  5.22
3. Shift the focus from mental health to mental wellbeing in policies.  4.56
4. Prepare organisations and their leaders.  4.44
5. Provide timely and adequate access to care.  4.41

- 6. Build a common vision across Member States for mental health care.
 4.15
- 7. Create an appropriate cost-effectiveness framework.
 3.70
- 8. Build and share knowledge on interventions, further developing current initiatives.
 3.48