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Title: What have we learned about what works in sustaining mental health care and support services during a pandemic? Transferable insights from the COVID-19 response within the NHS Scottish context

Abstract

Efforts have been made to adapt the delivery of mental health care and support services to the demands of COVID-19. Here we detail the perspectives and experiences of mental health workers (MHWs), in relation to what they found helpful when adapting mental health services during the COVID-19 pandemic and responding to its demands. Individual interviews were conducted with MHWs (n = 30) during the third COVID-19 lockdown. Interviews were audio-recorded, transcribed and managed using NVIVO. Qualitative data was analysed using an inductive thematic approach. Three themes emphasised the importance of: (1) 'self-care and peer support (checking in with each other)', (2) 'team cohesion and collaboration' and (3) 'visible and supportive management and leadership (new ways of working)'. Our findings emphasise the importance of individual, team and systems-based support in helping MHWs maintain their own wellbeing, whilst adapting and responding to the challenges in providing mental health care and support during this pandemic. Guidance and direction from management, with adaptive leadership in providing sustained, efficient, and equitable delivery of mental healthcare, is essential. Our findings support future policy, research and mental health practice developments through sharing important salutogenic lessons learned and transferable insights which may help with preparedness for future pandemics.

Keywords: Mental health, staff wellbeing, COVID-19, help-seeking, support systems

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Introduction

The unprecedented challenges and uncertainties associated with COVID-19 have reportedly led to mental health deteriorations, both among healthy individuals and those with pre-existing mental health problems (Banks & Xu, 2020; Chatterjee et al, 2020; Chen et al, 2020; Cullen et al., 2020; Odani et al., 2022; McElory et al., 2020; Robillard et al., 2021; Simblett et al., 2021; Vindegaard & Benros, 2020; Wang et al, 2021; Willis & Chalder, 2021). In Scotland, mental health services across health and social care settings were not considered ‘essential’ in the initial governmental response and so, operated based upon management discretion (Liberati et al., 2021). Lack of clear guidance and ongoing policy and procedural changes has meant that mental health services are tasked with continually modifying their mental health care provision. COVID-19 restrictions have resulted in prolonged waiting lists for mental health services, concerns surrounding how to provide safe and adequate care and mental health workers (MHWs) struggling to maintain their own mental wellbeing (Rosenberg et al., 2020).

Challenges faced by mental health workers during COVID-19

MHWs are often misconstrued as having a psychological immunity to the stressors experienced by their service users (Dattilio, 2015; Lamb & Anonymous, 2016). While MHWs undoubtedly have an understanding and awareness of how to build resilience in face of adversities, both within themselves and others given their mental health training and/or therapeutic skills (Pappa et al., 2021; PeConga et al., 2020), resilience is not a steadfast, linear trajectory of mental health or wellbeing and can vary greatly over time (Masten, 2018). Resilience is a multidimensional concept which can be defined as being able to adapt to stressful and extraordinary threatening events, such as a pandemic (First & Houston, 2022). The factors, which contribute to resilience, are manifold, including individual, interpersonal and community factors (Pierce et al., 2020). While the protective function of psychological resilience, playing a critical role in society during a crisis, and acting to help others can serve as help to maintain mental wellbeing (Arslan et al., 2021; Pink et al., 2021; Robertson et al., 2015), stressors outside of work including concerns and worries about family members, and reduced social contact, can reduce resilience (Pappa et al., 2021). While MHWs often have insight into strategies for managing stressors and protecting mental health, they are more susceptible to developing mental health problems themselves, due to the occupational hazards which often accompanies their work (Lasalvia et al., 2009; Sabin-Farrell & Turpin, 2003; Sheppard & Newell, 2020). Indeed, occupational hazards such as burnout, secondary traumatic stress, compassion fatigue and vicarious trauma among MHWs have been reported in systematic review (Kanno & Giddings, 2017) and meta-analysis (O'Connor et al., 2018) studies. In addition, it is documented that MHWs frequently neglect their own wellbeing and fail to seek help in times of need (Bearse et al., 2013; Jaiswal et al., 2020; Tay et al., 2018; Walsh & Cormack, 1994). Alongside coping with psychosocial stressors from their personal worries and concerns associated

with COVID-19 (Fleuren et al., 2021; Taylor et al., 2020), MHWs bear the professional responsibility of responding to increased demand and rapidly adapting their mental health service models, which have experienced significant disruptions (Moreno et al., 2020; WHO, 2020a). With a view to contain COVID-19, remote tele-therapies have largely replaced in-person sessions (Scottish Government, 2020; Whaibeh et al., 2020). However, working virtually poses distinct challenges to issues such as risk assessment and patient confidentiality (Chenneville & Schwartz-Mette, 2020; Madigan et al., 2021; Schölin et al., 2021). MHWs have subsequently reported increased anxiety, fatigue and professional self-doubt when working virtually, coupled with feeling less connected with their patients (Aafjes-van Doorn et al., 2020; Békés & Aafjes-van Doorn, 2020; Johnson et al., 2021). Tumultuous effects of the COVID-19 pandemic on work quality and staff morale have been further linked to a lack of preparedness, redeployment demands, frequently changing work conditions, and limited resources (Hoel et al., 2021). Another significant challenge MHWs have faced is delivering mental health services at reduced capacity due to staff illness or redeployment (Billings et al., 2021; BMA, 2019; Pereira-Sanchez et al., 2020). The combination of such workplace pressures and social expectation as ‘superheroes’ (Cox, 2020), is predicted to culminate in feelings of reduced therapeutic effectiveness (Joshi & Sharma, 2020) and moral injury (Kothari et al., 2020). The delivery of high-quality mental health care is dependent on MHWs having the right skills, experience and motivation (Greenberg & Tracy, 2020; Lamb & Anonymous, 2016). Ensuring MHWs are properly prepared for their roles, which involve supporting other staff during this pandemic, practically and psychologically, is essential in protecting the NHS’s quality of care, staff morale and reputation.

The current study

Our study is an in-depth qualitative analysis of MHWs' experiences of working in one NHS health board in Scotland during the COVID-19 pandemic. We sought to gain insights into what MHWs have found helpful in adapting to the challenges they have been facing in providing mental health care and support throughout this pandemic, in the hope that lessons may be learned that will inform the future sustainability of service provision. Central to this we were concerned with understanding what has helped sustain MHWs' own health and wellbeing. We sought to capture salutogenic insights into how best to support MHWs during the COVID-19 pandemic and in future pandemic preparedness. Our study is the first, to date, to incorporate the perspectives of frontline National Health Service (NHS) MHWs during the pandemic within the Scottish context.

Scottish context

Our study was conducted during a period of significant political, economic, health and social uncertainty associated with the COVID-19 pandemic. Within days of the Prime Minister's national lockdown statement on the 23rd of March 2020, the Scottish Government had published its own protective measures (Scottish Parliament Information Centre; SPICe, 2021). Safety restrictions were packaged based on five graduated protection levels and assigned to local areas depending on infection rates. This strategy was employed to target and contain high-risk communities, whilst allowing scope for safer areas to resume activity (Scottish Government, 2021a). However, the changeable nature of such restrictions and, consequently, the continuous adaptation of mental health services has led to increased stress for MHWs (Byrne et al., 2021; Hoel et al., 2021). An additional challenge is the growing number of presentations to mental health services (Fontanet et al., 2021), as members of the public struggle to cope with increasing psychosocial stressors such as financial uncertainty and

social isolation (Pierce et al., 2020; WHO, 2020b). In the Scottish public, rates of suicidal ideation increased from 9.6% during the initial wave of COVID-19, to 13.3% in the second (Scottish Government, 2021b). At the time of data collection (February to March 2021), MHWs were working within the confines of tier 4 restrictions (SPICe, 2021). Among other measures, this prohibited travel outside of the local area and non-essential visitations and enforced the closure of public facilities (Scottish Government 2021c), greatly limiting the scope of MHWs' care and support provision. Given these evident challenges, it was a pertinent period during which to understand what has been learned about what works in sustaining mental health care and support services during the COVID-19 response, with the aim to uncover transferable insights in preparation for the recovery phase of this pandemic and beyond.

Method

This qualitative study used one-to-one, in-depth, semi-structured online interviews to draw upon the perspectives of frontline MHWs in the NHS during the COVID-19 pandemic. This approach placed MHWs at the forefront of the research process by allowing them to share and reflect on their personal experiences of what has helped them adapt and cope with the challenges they have faced in providing mental health care and support.

Participants

After considering participant heterogeneity, data saturation (Fusch & Ness, 2015) and other qualitative research in the area (Billings et al., 2021), a purposive sample of 30 participants working across mental health and social care settings were recruited through one NHS Health Board in Scotland. Participants were recruited during February to March 2021 via social media, online recruitment posters and through NHS

organisational communications. Recruitment advertisements included a study link to the online software *Qualtrics* (Version 2020), where potential participants were provided with information about the study as well as contact details for the lead researcher, in order to ask any questions prior to their participation. Demographic information and contact details to schedule the online interviews were collected. To ensure participants were able to reflect on their experiences of working in the field of mental health over the course of the pandemic, an inclusion criterion was that MHWs had at least 3 months NHS working experience within mental health services prior to the study and for the duration of the pandemic. Participant demographics (table 1) and occupational characteristics (table 2) are provided.

TABLE 1 & 2 HERE

Ethical considerations

Ethical approval was granted by the University Ethics Committee (reference: UEC20/81). Informed consent was collected electronically from all participants through the Qualtrics platform. Participants were informed that they were free to withdraw from the study up until the point by which the data was anonymised and issues regarding confidentiality and the protection of their anonymity were discussed prior to the interviews being conducted.

Data collection

Data was collected via individual interviews which were facilitated by one of the researchers with an experienced qualitative researcher providing support where needed.

Semi-structured interviews were conducted via the online platform *Zoom* (Version 5.2.3), to maintain health regulations associated with working from home and social distancing practices during the pandemic. The topic guide (see figure 1) was

informed by previous research and was extensively refined and piloted prior to the interviews being conducted (Gill et al., 2008). A focused yet flexible approach to interview technique was adopted (Roberts, 2020).

FIGURE 1 HERE

The duration of the interviews was approximately 45 minutes ($M = 44.83$, $SD = 20.13$). Following engagement in the interviews, participants were sent a debrief sheet, where appropriate sources of help and support were also provided. Participants also received a £15 gift e-voucher as a thank you for their time. All interviews were audio-recorded and transcribed in full verbatim.

Data Analysis

An inductive thematic analysis (Braun & Clarke, 2006; Clarke & Braun, 2018) was adopted. The first stage involved familiarisation with the data which was achieved by reading and re-reading each of the transcripts. Next, meaningful extracts in relation to the research aims were identified in order to produce initial codes. These codes represented something important about participants' experiences of working in mental health services throughout the pandemic. Data was then organised into initial themes which were actively created by the qualitative researcher (HA) and reviewed by the lead researcher (NC). All the data relevant to each theme were extracted and the 'journey' of defining and naming the initial themes commenced (Braun et al., 2019). Refinement of themes was carried out to ensure that each theme captured data that addressed the research aims. The qualitative data was managed with the software program NVIVO (Version 12), which facilitates the storage, analysis and retrieval of textual information (Jackson & Bazeley, 2013). Extracts relating to participants' individual codes were

highlighted and grouped with others to create 'nodes'. Upon data saturation, a total of 62 nodes had been created. Prominent and fully grounded nodes were refined and then employed to define the themes (Braun et al., 2019). The final strategy was cross-checking of the themes among the research team until a consensus had been met on the definitions and interpretations of each of the 'latent' themes, capturing underlying conceptualisations that represented shared experiences of all the participants (Clarke & Braun, 2013; Nowell et al., 2017; O'Brien et al., 2014). Reflexivity throughout the research process was inherent through the lead researchers maintaining reflective journals (Braun & Clarke, 2019) and by the research team holding reflexive meetings to help identify and challenge pre-assumptions in the interpretation of the themes (Braun & Clarke, 2020). Audit trails evidenced decision making throughout the analysis. This approach is in line with quality criteria reporting (COREQ; Tong et al., 2007) to improve the trustworthiness and credibility of the research process (Shaw et al., 2019).

Findings

Three master themes and associated subthemes emphasised the importance of: (1) 'self-care and peer support (checking in with each other)', (2) 'team cohesion and collaboration' and (3) 'visible and supportive management and leadership (new ways of working)'. A thematic map (see Figure 2) was developed, which illustrates the relationships between themes and associated quotes. Any names used to support quotes are pseudonyms. Words or phrases inserted to clarify meanings are enclosed in brackets.

Self-care and peer support (checking in with each other)

Participants reported wide-ranging changes in the organisation of mental health care and the nature of their work in response to the pandemic, including reduction to “essential supports only” (Paige), prioritising patients who were presenting as “high risk” (Pia), deployment of staff across services to “new and unfamiliar roles” (Jenny), and a significant shift to “online working” (Alistair) and “working from home” (Megan). All of the participants identified challenges in adapting to these changes in working, including feeling “surrounded with uncertainty” (Peter), a “definite feeling of helplessness” (Patricia) and “frustration amongst colleagues” (Catriona). Four of the participants emphasised the challenges they experienced in coping with the distress they experienced:

It causes distress that’s hard to manage (pause) I often feel like I’m struggling with all the changes at work. It’s hard enough already (Emma).

These problems were alleviated by engaging in “self-care” (Lisa), “seeking support from colleagues” (Erin) and building supportive relationships with their peers. While twenty of the participants described how they often prioritised their patients’ mental health needs over their own, they recognised and reflected on the importance of maintaining their own mental wellbeing. They appreciated the psychological tools and therapeutic skills that they had developed through working in mental health and how they were able to personally benefit from them, as described by Scott:

I’m a psychologist, I’ve got all these tools. I’ve got all these skills I could be using. I had not been using any of them at all, but you know that was the point where I gently picked myself back up and looked at it and said “right, this isn’t sustainable, is it?” and I began to put into practice what I’d preached (Scott).

This realisation was further reinforced when participants reflected on the importance of not being “afraid to use [their skills] and knowing that they can apply [them to

themselves]” (Megan). Yet, participants often acknowledged that it can be challenging to seek mental health support as a MHW, due to concerns that “others will find out” (Jenny), “I might know the person (MHWs) I’m seeking support from” (Zoe) and “confidentiality being breached” (Rebecca). Nonetheless, the importance of self-care and seeking informal support from their colleagues was not only perceived to be of personal benefit but also provided reassurance in their role as MHWs, as stated by Eilidh:

I think having that emotional support where you can support... like lean on each other and almost give advice and suggestions, it just sort of helps you a wee bit and makes you feel sort of a bit more confident in your own decisions a lot of the time (Eilidh).

While seven participants had experienced challenges in terms of “staying connected” (Jenny) with their peers (e.g., due to home working), they all emphasised the importance of having supportive colleagues, describing this informal peer support as being an “absolute saving grace” (Alice) and a “really protective factor” (Ellen). Additionally, participants described how they valued having informal “check ins” (Penny) with their peers, as captured by Ryan’s account of the crucial nature of such support at work:

We check-in on each other, em, so in terms of the support that's been offered by colleagues, that's... that's felt really important (Ryan).

In drawing upon the support of colleagues, the need to “be a bit more vulnerable with each other” (Scott) and to accept when to ask each other for help was recognised.

Participants reported that it was important to accept the challenges that were presented to them and to accept when they were struggling and needed to engage in self-care and draw upon peer support.

Team cohesion and collaboration

The importance of “working as a team” (Jenny) in a cohesive and collaborative manner was evident throughout the participants’ accounts. While seven of the participants reflected on how they had become more “isolated” (Paul) in their working roles (e.g., seeing colleagues less often, working from home), it was evident that having the opportunity to work as part of a team was highly valued. Eighteen of the participants reported that, despite the challenges they had faced, their teams had grown “stronger” (Diane) throughout the pandemic and had begun to work more cohesively, as captured by Emma:

With staff, you know, 'I hear you, and I'm in with you, and let's work this out, I don't have all the answers but... but let's try... let's try to find something that works together (Emma).

Participants discussed the changes in their working practices within their teams (e.g., online team meetings, smaller group working), as well as the challenges presented along with physical distancing and home-working, however, they highlighted the importance of finding “new ways of working moving forward” (Zoe). Scott reflected on the importance of staying focused and working collaboratively:

We all started to work together very, very quickly in lots of different ways to come up with solutions. And that’s what we did... “what’s the problem, what’s the solution, what’s the problem, what’s the solution” and then very quickly it started to feel like we were working... “in a new normal” and that’s very, very quickly what it became (Scott).

Participants recognised the importance of “acknowledg(ing) the difficulties” (Erin) in team-working during the pandemic and the need to find new ways to connect and work

together. Additionally, participants considered the importance of working together to “protect each other” (Katie) in their working practices, as also reflected in Pearl’s account:

It’s everybody’s job to make sure everybody’s safe. We don’t just leave it to one person, which I would think in the past... this is different. We’re all in it together and we’re all responsible (Pearl).

This “sense of togetherness” (Alistair) and that “everybody’s in the same boat” (Daisy) was found to be a “common denominator” (Pearl) among the participants, creating a sense of unity. Evident in nineteen of the participants’ accounts was a sense of hope that the importance of having a “very supportive environment” (Rebecca) continues beyond the pandemic and that staff can “take the lessons forward and apply them in the future as well.” (Alison). Team cohesion and collaboration was not only important for finding solutions to workplace problems but also in providing emotional support and a sense of togetherness within participants’ respective teams.

Visible and supportive management and leadership

The importance of visible and supportive management and leadership in helping MHWs face the constant uncertainty and ongoing challenges associated with providing mental health care and support during the pandemic was stressed by participants. This encompassed the importance of having “approachable and compassionate management” (Michael), feeling listened to, valued and how this influenced job satisfaction. Participants reported that it was important for them to feel encouraged to contact management when they needed support and/or guidance, as described by Paige:

She (manager) always says, you know, like, 'please, let me know if anything, sort of, is making you feel this way or that way, or if there's anything you want to talk about at all'. She makes the point of saying that she's always there, just at the end of the phone (Paige).

This sense of having access to supportive contact with their managers was viewed as helping to facilitate a sense that managers “feel more human” (Scott) and “less distant” (Paul). At the same time, seven of the participants described their awareness of the immense pressures that their managers were under and worried that they were a burden, as emphasised by Hazel:

Staff don't want to burden (manager), because you can see that she's extremely stressed with things. So, I think people probably don't access her as readily as previously they would've (Hazel).

The participants recognised that management have been stressed as “there is a lot more for them to manage than there would be normally” (Penny) and that “it's having a big kind of impact on [them]” (Pia). Despite such stressors, staff valued the support offered by management, as stated by Ellen:

I felt very listened to about my concerns, I suppose about my manager cos I did, I went and spoke to her and said why I was worried and everything like that (Ellen).

Five of the participants also reported that management were “understanding” (Zoe) of the personal circumstances of their team. Whilst this was not the case for all participants, they did emphasise how important it was to have supportive management and “visible leadership” (Jenny), as reported by Grace:

You need leadership, but sometimes it's also about saying you know 'we don't know what we're doing but we're in this together so let's share how we're feeling' (Grace).

Here, Grace expresses that effective leadership is not only about directing knowledge but about a leader's ability to admit when they are uncertain and unite the team to find a progressive solution. Overall, visible and supportive management and leadership was deemed important to the participants' resilience and morale as "a good manager is probably the key thing for job satisfaction" (Megan).

Discussion

In exploring MHWs' experiences and perspectives of what has helped them to adapt to the challenges of providing mental health care and support during the COVID-19 pandemic, this study aimed to gain insight into how MHWs can best be supported in providing sustainable and quality mental health services moving forward and to inform future thinking and planning. We were concerned with understanding what has helped MHWs in the NHS sustain their own mental health and wellbeing during the challenges faced while working during this pandemic. Our analysis highlighted three key lessons learned; firstly, that self-care and peer support was vital and securing it should be central to future efforts; secondly, that approaches to ensuring team cohesion and collaboration were essential and likely to be central to supporting MHWs in delivering mental health care and support to others; thirdly, we found that visible and supportive management and leadership were equally important. In this way our paper makes a novel contribution to the literature and highlights important lessons learned to help prepare for future pandemics, with transferable insights for dealing with other crisis situations.

In accordance with a growing body of work concerning health and social care workers (Alsolais et al., 2021; Digby et al., 2021; Lamb et al., 2021; Newman et al., 2021; Pappa et al., 2021; Summers et al., 2021; Sumner & Kinsella, 2021; Williamson et al., 2020), MHWs in the current study emphasised the importance of individual, team and systems-based supports in helping them to maintain their own wellbeing, dealing with uncertainty and in adapting through new ways of working during the COVID-19 pandemic. MHWs highlighted the importance of practicing self-care to ameliorate negative emotional outcomes and maintain their own wellbeing. This finding is in line with previous research stating that it is ethically and professionally imperative to engage in self-care (Cox & Steiner, 2013; Grise-Owens et al., 2018; Lamb & Anonymous, 2016; Richards et al., 2010; Sheppard & Newell, 2020) whilst working in mental health. Indeed, generating opportunities for social interactions among workplace staff appears to be an important action that organisations can take during this pandemic and to help facilitate and support employee self-compassion (Andel et al., 2021).

Despite the recognition among MHWs that self-care strategies for managing work related stressors and preventing burnout should be a priority, they also described how they experienced challenges in implementing such strategies. Similar to previous work, MHWs highlighted how they often prioritise their patients' mental health needs and concerns before their own (Kotera, 2021). They also described stigma in mental health help-seeking, which presented a barrier to accessing care and support when needed. This finding is in line with research reporting that mental health-related stigma, including that which exists in the healthcare system and among MHWs, creates serious barriers to access and quality care (Siebert & Siebert, 2007). It is also a major concern for MHWs themselves, both as a workplace culture issue and as a personal challenge to

staying mentally well. It is paramount that approaches to combatting barriers related to mental health help-seeking be implemented (Knaak et al., 2017).

Peer support was found to be a valuable source of social and emotional support among MHWs in coping with workplace stressors associated with the COVID-19 pandemic. These findings are comparable to recent research reporting that face-to-face peer support, 'virtual' catch-ups with colleagues and 'buddy systems' are useful support systems for staff (Tracy et al., 2020; Walton et al., 2020). Growing evidence shows that reinforcing social bonds among colleagues, collaborative working and building effective and cohesive teams are highly protective factors in maintaining and improving staff wellbeing (Gonzalez et al., 2020; Greenberg & Tracy, 2020; Pink et al., 2021; Wood et al., 2011). Management initiatives in mental health services should be targeted at creating this combination within the working environment.

Our study also found that MHWs placed great importance on feeling valued within a team and being actively involved as they worked together to resolve problems as they arose. Visible and supportive management and leadership was viewed to be essential in supporting staff in dealing with constant change and adapting to new systems of working within mental health services. These findings highlight the important role that organisational management and leadership play in supporting staff wellbeing and protecting staff against burnout (Brooks et al., 2018; Chan & Huak, 2004; Coates & Howe, 2015; Liberati et al., 2021). The emotional and psychological impact of working in mental health is an ever-present challenge for MHWs. Managing it and preventing psychological harm among staff dealing with the challenges of the pandemic requires a multidimensional approach (see figure 3), involving individual MHWs and the wider organisation/working environment (Wong et al., 2020). Successful recovery planning involves management and leadership which prioritises

staff mental wellbeing while maximising the opportunity for psychological growth (Greenberg et al., 2020). Building team resilience through developing support systems within health and social care systems institutions and increased team-working has been identified as protecting staff wellbeing (Huffman et al., 2021; Kuntz et al., 2017; Lamb & Anonymous, 2016).

FIGURE 3 HERE

Limitations

In considering the limitations of the current study, it is important to acknowledge that the analytical process of an inductive thematic approach is based on the subjective interpretation of the themes extracted from the data, which are inadvertently influenced by the researchers' knowledge and assumptions (Braun & Clarke, 2021). The research team sought to counteract this through embracing reflective practices throughout the research process (Ortlipp, 2008) and recognising and challenging 'blindspots' in their understandings (Jootun et al., 2009). Given the qualitative nature of this work, the current findings do not represent a comprehensive picture or generalisable results. Future research incorporating other key informants (e.g., MHWs in third sector organisations, medical practitioners, peer support workers, social workers, carers, service users) is needed as our sample largely consisted of practitioner psychologists and nursing staff working in mental health. It is possible that this may have influenced the themes to emerge, for example, relating to the importance of self-care, whereby some professional groups have a professional focus on its importance in the context of working in mental health (Wise et al., 2012). Nonetheless, the challenges of the COVID-19 pandemic have brought into sharp focus the need to protect the wellbeing of

NHS staff with an increased focus on frontline medical staff (Unadkat & Farquhar, 2020). Further research adopting a longitudinal approach could provide a more in-depth understanding of such issues as we move towards the recovery phase of this pandemic. Efforts to support the mental health and wellbeing of health and social care workers must remain a priority moving forward, and should minimise the adverse effects of working with, and disruption caused by, the COVID-19 pandemic (De Kock et al., 2022). While in-depth and informative findings have emerged, the study population were predominantly of white, low to middle class socio-economic status. Future work exploring social, clinical and demographic differences amongst MHWs is needed to allow for diversity of perspectives across race, culture and ethnicity and develop innovative and/or targeted support and/or interventions for those that may benefit most (Jones et al., 2022). Understanding both risks and protective factors for the mental wellbeing of MHWs sheds light on transferable insights for other health and social care workers. Building a resilient workforce within the NHS involves recognising the importance of staff wellbeing and the role of individual, systems and organisational factors at play (Greenberg, 2020). It will also be important to consider the impact of resilience fatigue, the exhaustion that comes from attempting to be motivated, positive, compassionate and strong for a prolonged period (Burnett & Wahl, 2015). In drawing upon the perspectives and experiences of MHWs, transferable insights from the COVID-19 response within the NHS Scottish context will help inform policies, practices and future research in this essential area of focus.

Conclusion

Understanding what we have learned about what works in sustaining mental health care and support services during the COVID-19 pandemic provides salutogenic insights into how MHWs can best be supported during the COVID pandemic and, more importantly,

for future pandemics and/or dealing with other emergency situations. The importance of individual, team and systems-based supports in helping MHWs to maintain their own wellbeing and build resilience while dealing with uncertainty and in adapting to new ways of working is central to ensuring staff are best able to provide quality mental health care and support to others. From the organisational standpoint, management and leadership should be highly visible, ensuring that MHWs receive clear guidance during periods of uncertainty and are able to prioritise self-care, whilst also providing mental health care and support for others. Mental health services are obligated to meet the needs of service users, but also the needs of staff (Gillen et al., 2022). It is essential for mental health services to foster an environment where MHWs feel comfortable to seek help for their own mental wellbeing and to focus on building and sustaining peer and team-based support among MHWs moving forward. This is paramount given that MHWs have an essential role in supporting staff wellbeing across health and social care organisations and the general population. Most estimates suggest that the COVID-19 pandemic will be one of many mental health crises that society will face in the impending future; it is essential we have the right ideas ready to help MHWs support staff wellbeing as well as the general population. Encouraging MHWs to take care of their own mental health and wellbeing is central to this. Transferable insights and salutogenic lessons learned from the perspectives of MHWs in relation to the COVID-19 response within the NHS Scottish context may help with preparedness for future pandemics and/or healthcare crises.

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Declaration of interest

The authors report no conflict of interest.

Ethical approval

The study was granted ethical approval from the University Ethics Committee (reference: UEC20/81).

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Table 1

Participant demographics

Characteristics	
Number of participants	n = 30
Gender	Female, n = 22 Male; n =8
Age (range 23-60 years)	Mean =40.46.06, sd = 10.63
Years of Experience	Range: 1 year – 37 years

Mean = 14.16, sd = 11.82

Table 2

Participant occupational characteristics

Participant	Gender	Occupation
Scott	M	Clinical Psychologist
Alison	F	Clinical Psychologist
Catriona	F	Assistant Occupational Therapist
Daisy	F	Primary Mental Health Nurse Liaison
Thomas	M	Community Mental Health Nurse
Michael	M	Community Psychiatric Nurse

Eilidh	F	Support Practitioner
Zoe	F	Mental Health Support Worker
Paige	F	Mental Health Support Worker
Rebecca	F	Mental Health Worker
Ryan	M	Clinical Psychologist
Peter	M	Clinical Psychologist
Pia	F	Community Psychiatric Nurse
Penny	F	Clinical Psychologist
Katie	F	Occupational Therapist
Grace	F	Director of Services
Megan	F	Clinical Psychologist
Hazel	F	Support Practitioner
Emma	F	Nurse Manager
Diane	F	Mental Health Nurse
Erin	F	Senior Charge Nurse
Lisa	F	Applied Psychology
Paul	M	Psychiatrist
Parker	M	Service Manager Mental Health
Patricia	F	Clinical Psychologist
Pearl	F	Occupational Therapist
Alice	F	Clinical Psychologist
Ellen	F	Clinical Psychologist
Alastair	M	Clinical Psychologist
Jenny	F	Occupational Therapist

Figure 1

Topic guide for interviews

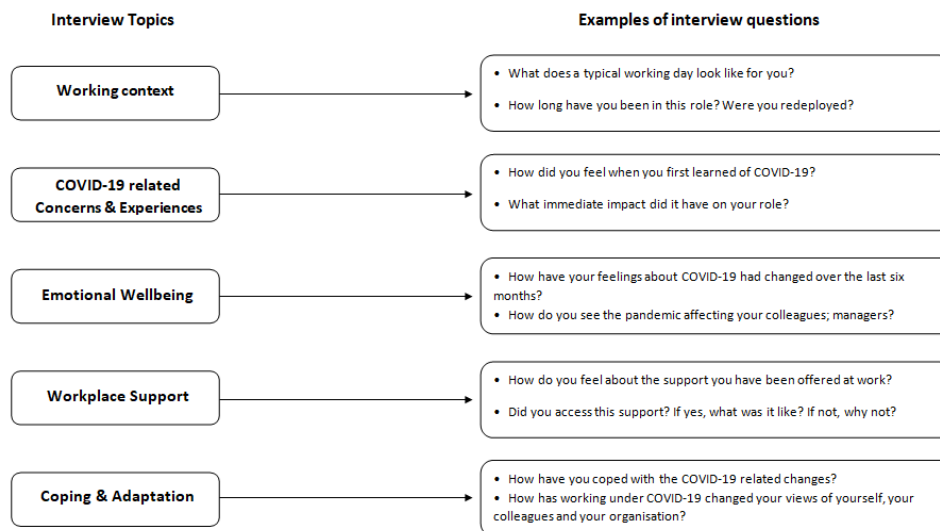


Figure 2

Schematic diagram of thematic map

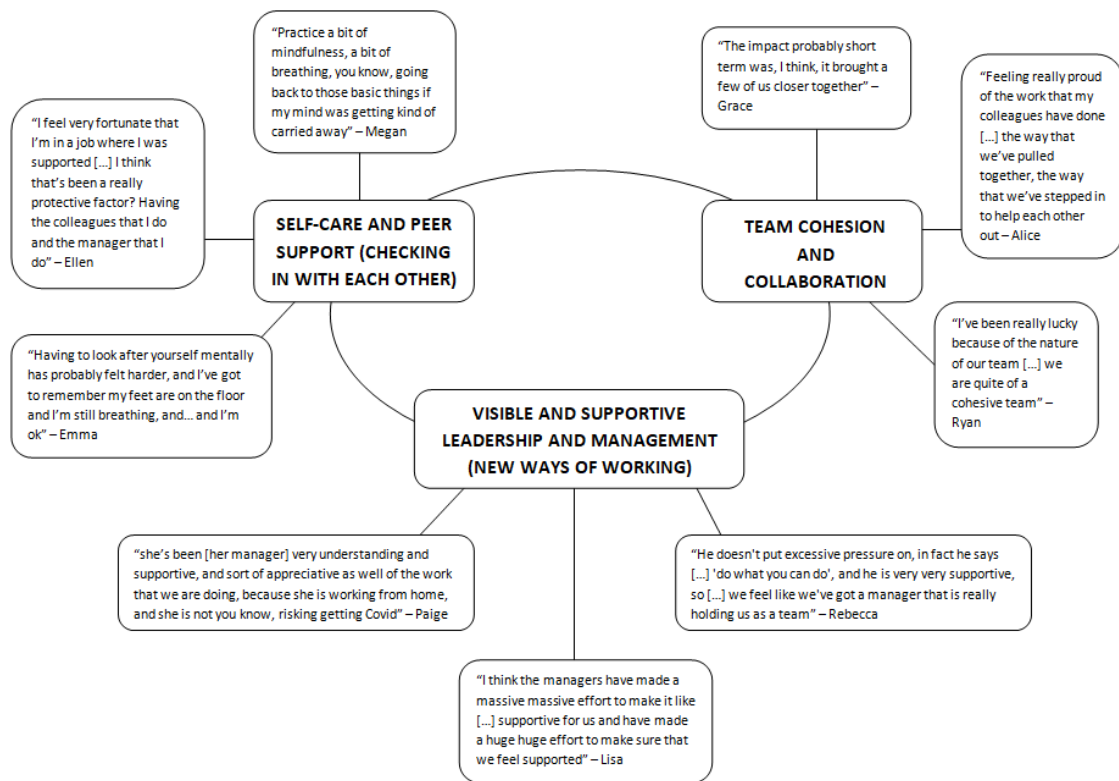


Figure 3

Individual, teams and systems organisational support systems

Individual standpoint

- Practise of self-care
- Use of skills from own specialist training
- Engage in mental health help-seeking behaviours

Team standpoint

- Building cohesive relationships between team members
- Need of being actively involved within team
- Collaborative work with each other

Organisational standpoint

- Implementation of approaches that combat barriers related to mental health help-seeking behaviours
- Creation of initiatives that target and reinforce social bonding and team resilience building
- Establishment of visible management and leadership