



**European Committee
of the Regions**

CoR INTERREGIONAL GROUP ON HEALTH & WELL-BEING

Topic – “Supporting mental health in the EU in
pandemic and post-pandemic.”

*“Supporting the mental health of health workforce
and other essential workers”*

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- my own views, based on work of EXPH – Expert Panel of Effective Ways of Investing in Health - available for download
- “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**”
- Members are appointed on a personal basis, no Col, DoI available at the EXPH website



**SUPPORTING MENTAL HEALTH OF HEALTH
WORKFORCE AND OTHER ESSENTIAL WORKERS**

**Opinion of the
Expert Panel on effective ways
of investing in Health (EXPH)**

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Health Economics & Management
Knowledge Center

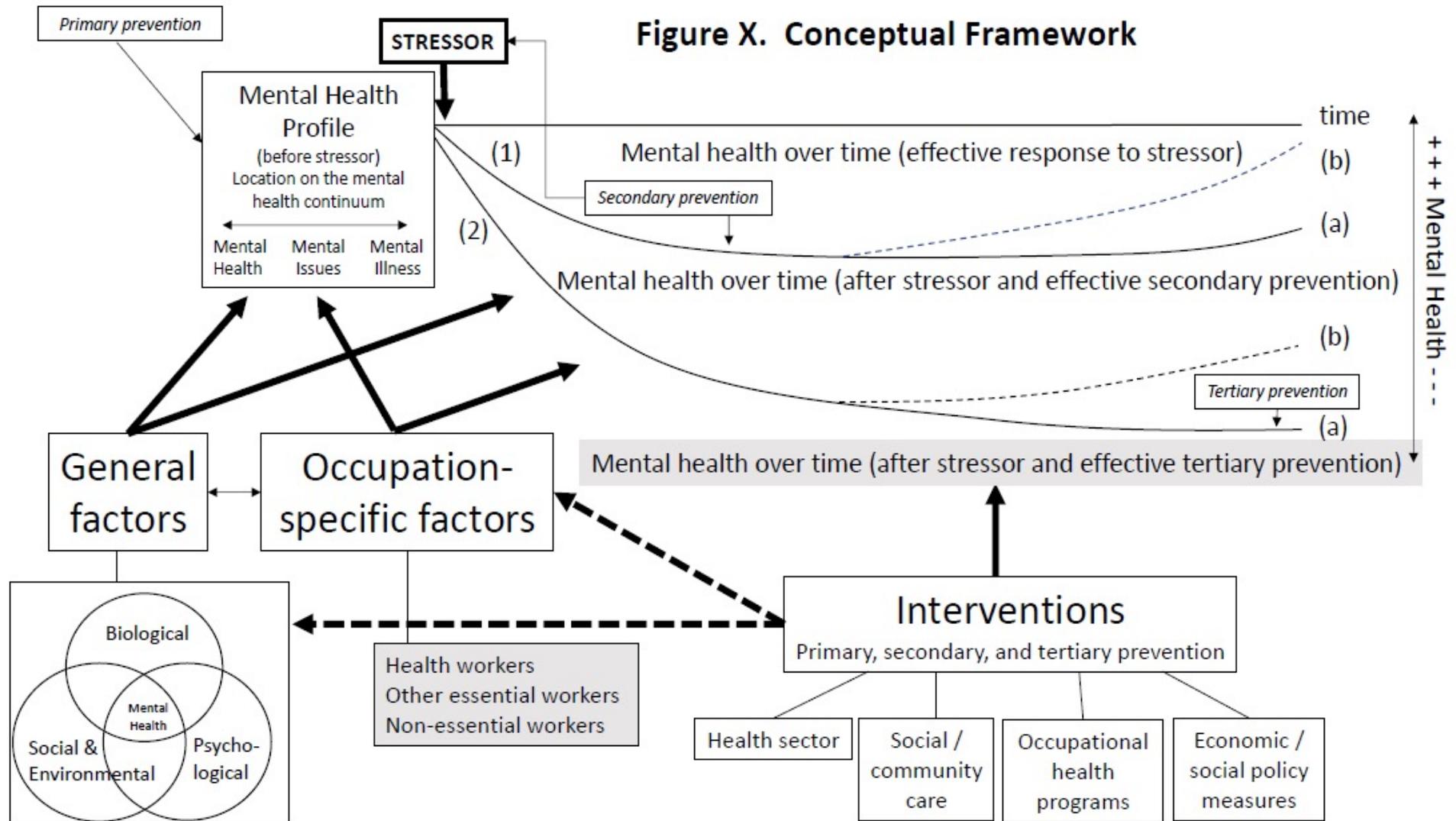
The questions to the Expert Panel

- 1) What are the specific factors influencing mental health of the health workforce and essential workers?
- 2) a) What interventions could be effective in addressing mental health support needs of health workers and essential workers, including those with preexisting mental health conditions? b) Using existing data, assess the cost of mental health problems in the health workforce and the cost-effectiveness of mental health interventions. c) 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?

What do we know?

- (not necessarily new insights, just the way we read the existing – and non-existing – evidence)
- Mental wellbeing – mental health – mental illness – different concepts, one feeding to the other. Focus on the prevention (usually unanimous, easier said than done); many factors – seems quite context-dependent
- Challenges in assessing mental health– stigma, resources available
- (Invisible) tension in most discussions: individual need vs organisation role => should intervention mostly take place at organisation level or at individual level?
- Cost-effectiveness studies – not much to learn – limitations in terms of interventions design and implementation

Figure X. Conceptual Framework



What can be done?

- Role of organisations (firms, NGOs, healthcare providers, charities, etc) needs to be reshaped → mental wellbeing is not an issue of the individual, it also belongs to the organisation
- Role of view embedded in words → promote mental wellbeing vs solve mental health illnesses (align wording and framing with goals)
- Role of evidence-based interventions → we need more "hard" knowledge, methodologically sound knowledge
- Role of different levels of governance → EU-level, national level, regional level, local level
- Role of sector → health & employment & social

Some key ideas:

- A lot more should be done inside organisations, framework conditions set at EU-level / national level should help on this
 - Address issues of burnout, moral injury, PTSD-post traumatic stress disorder, depression – in health workers (and to non-health essential workers)
 - Create support mechanisms, using digital tools as they can promote individual participation without public visibility; early warning signals; make organisations accountable / recognised for good working place practices (so that people can use that information in their choices of employment as well)
 - Prepare leaderships to see it as a routine issue in the organisation, not as an individual emergency case

Some key ideas

- Governance level – it is not a health sector issue alone, involve employment and workplace safety institutions and frameworks
- Learning about it – everyone expects that people from academia claim for more research / more knowledge - this being said, what is the main challenge here? Dealing with mental health requires that we know about
 - People’s own decisions to recognise, assess and look for help if needed
 - Interventions involve definition of individualised plans to each case – difficult to treat it in cost-effectiveness studies “as if it was” a drug or a device
 - Outcomes that take place over time, often not directly observed, difficult to disentangle what contributes to it

What we suggest:

- At the society level
 - Vision
 - Tools
- At the organization level
 - Environment
 - Leaders
 - Processes
- At health-system level – access to care

What we suggest:

- **RECOMMENDATION 1: Change focus to mental wellbeing**
 - Re-conceptualize the discussion into mental wellbeing
- **RECOMMENDATION 2: Treat mental wellbeing as an inherent part of the organisation**
 - Have a mental wellbeing plan
 - Report on mental wellbeing
 - Identify workplace hazards to mental wellbeing
 - Ensure that organisations of all sizes participate
 - Create a Charter of Rights to Wellbeing at the Workplace

- **RECOMMENDATION 3: Create a supportive environment at EU-level**
 - Protect mental wellbeing in labour market legislation
 - Set an EU-level mechanism to measure wellbeing of workers
 - Develop reliable screening tools
 - Ensure accountability
 - Provide guidance on mentally protective workplaces
 - Continue to promote and strengthen further EC and Member States collaboration
- **RECOMMENDATION 4: Create an appropriate cost-effectiveness methodology**
 - Set a specific research programme
- **RECOMMENDATION 5: Build and share knowledge on interventions, further developing current initiatives**

- **RECOMMENDATION 6: Having a shared EU-wide view of mental health care**
 - Continue to build a harmonised view, across Member States, of mental wellbeing promotion and of basic mental health care for individuals with mental illnesses.
- **RECOMMENDATION 7: Prepare organisations and their leaders**
 - Improve leadership
 - Prepare for the job - Provide guidance and training on how healthcare organisations can actively “prepare staff for the job”
 - Provide support in emergency situations - Prepare mechanisms to activate support in emergency situations to the health workforce and essential workers
 - Train for the long term

- **RECOMMENDATION 8: Provide timely and adequate access to care**
 - Communicate properly within the health system
 - Develop new solutions - Develop the profile/role of 'primary care community psychologist', that works at societal, organisational and individual level