Mapping Intervention Strategies to Addressing Mental Health Challenges Among Healthcare Professionals

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OUTLINE

INTRODUCTION

- Healthcare workers (HCWs) have higher rates of burnout, depression, and anxiety, with a depression prevalence of 22,8%. (1) This is significantly higher than the global prevalence of 5% among the general population. (2)

- Poor mental health among HCWs is associated with decreased quality of care and increased medical errors. (3) Healthcare systems need to promote the mental health and well-being of HCWs using evidence-based interventions.

- This scoping review aimed to identify strategies and interventions from existing literature that promote mental health among HCWs. Additionally, it sought to use this evidence to develop a 'mental health support journey' for HCWs that outlines the steps implemented in successful mental health interventions.

METHODS

- **Search Strategy**

  – A scoping review of published literature on mental health interventions for healthcare workers was conducted using Google Scholar, MEDLINE Ultimate, CINAHL Ultimate, and Dentistry & Oral Sciences Source databases for peer-reviewed articles published between January 2020 and June 2023. Peer-reviewed articles cited in other selected studies were also included.

  – **Search Words and Boolean Terms:** mental health OR mental illness AND intervention OR strategies OR preventative interventions AND healthcare workers OR clinical staff OR clinicians OR healthcare professionals.

METHODS

- **Study Selection:** Two reviewers independently screened the titles and abstracts. A total of 680 records were screened and 47 full-text articles were reviewed using the eligibility criteria.

- **Data Extraction & Management:** A standardised data extraction tool was developed collaboratively by all reviewers. The tool was piloted and used to extract key data.

- **Data Analysis:**

  – A modified Donabedian framework was used to analyse the findings of the study according to structure (resources), processes (interventions), and outcomes.

  – The implementation steps described in the studies were also assessed and informed the development of a "mental health support journey" map.
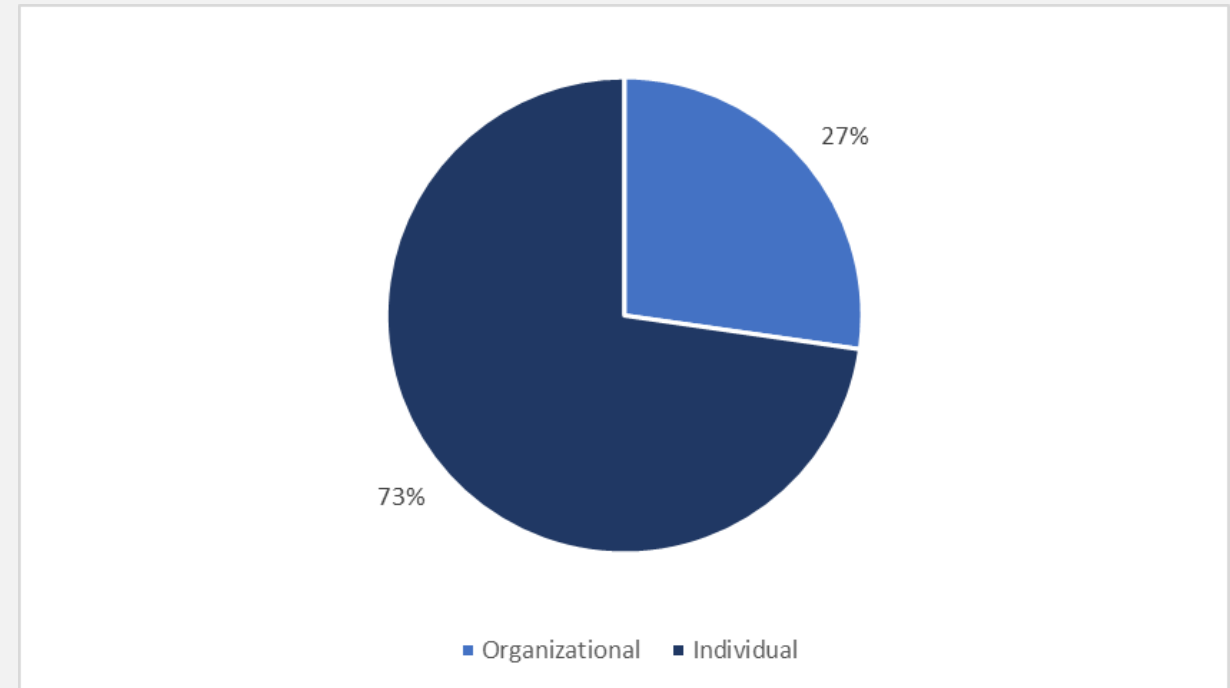
RESULTS

- Eleven peer-reviewed articles met the inclusion criteria. All the articles were primary studies with sample sizes ranging from 17 to 819.

- There were no studies identified on the African continent that met the inclusion criteria.

- Nurses accounted for 73.8% (n = 1904) of the total study participants while doctors only accounted for 3.8% (n = 99) (Figure 1).
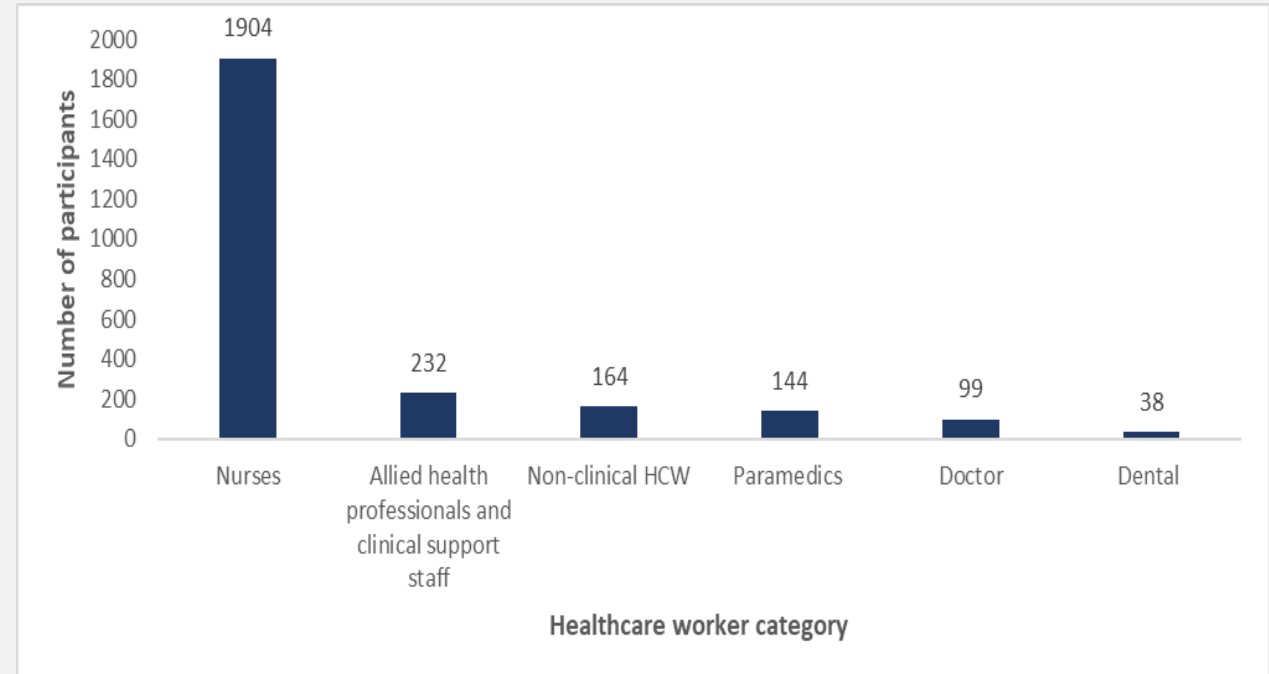
FIGURE 1: Cumulative number of healthcare worker participants in all studies categorized by profession

RESULTS

- The majority of the interventions were individual-level interventions (73.0%) compared to organisational-level interventions (27.0%). (Figure 2)

- Across all the studies, 12 hospitals were used, 9 emergency sites, 1 ambulance, and 1 online platform.

FIGURE 2: Percentage of organisational-level and individual-level interventions proposed by the studies.

RESULTS: DONABEDIAN FRAMEWORK

STRUCTURE

- Physical Infrastructure (e.g. building, private room)
- Equipment (e.g. smart device, yoga mat)
- Educational Resources (physical or online)
- Human Resources (e.g. psychologist, mind facilitator, psychiatrist)
- Internet Access (54.5%)

PROCESS

- Psychoeducation and education
- Psychotherapy
- Physical activity
- Resilience interventions
- Well-being centres
- Video intervention
- "Mental Health Support Journey Map"

OUTCOMES

- Mental wellbeing (n = 6)
- Anxiety (n = 5)
- Insomnia/Sleep quality (n = 5)
- Depression/depressive symptoms (n = 3)
- Psychological distress (n = 3)

RESULTS

OUTCOME	OUTCOME MEASUREMENT TOOLS
Mental wellbeing	Warwick Edinburgh Mental Wellbeing Scale (WEMWBS)*; Short Form Health Survey (SF-12); Qualitative interviews; Campbell Index of Well-being; Single-item Global Measures
Anxiety	Generalized Anxiety Disorder Questionnaire (GAD-7) *; State-Trait Anxiety Inventory (STAI); K10 Questionnaire; DASS-21 (Depression Anxiety and Stress Scale); Beck Anxiety Inventory (BAI)
Insomnia/Sleep quality	Insomnia Severity Index (ISI); Qualitative Interviews; Researcher designed survey questions on sleep disturbance; Pittsburgh sleep quality index (PSQI)*
Depression/depressive symptoms	Patient Health Questionnaire (PHQ-9); K10 Questionnaire; DASS-21 (Depression Anxiety and Stress Scale)
Psychological distress	Kessler Psychological Distress Scale (K6); Symptom Checklist 90 (SCL-90); Self-reported assessments

FIGURE 2: Linear Mental Health Support Journey Map for Healthcare Workers' Mental Health Interventions.

FIGURE 3: Non-linear Mental Health Support Journey Map for Healthcare Workers' Mental Health Interventions.

DISCUSSION

- This scoping review developed a "mental health support journey" map for HCWs for the successful implementation of mental health interventions.

- Studies focussing on education consistently reported positive outcomes, including improved well-being and reduced anxiety and depression. This is in keeping with studies that report the positive outcomes of health education.

- Most interventions required accessible resources, and over half needed internet access. Therefore, digital technology can play a significant role in ensuring widespread access.

DISCUSSION

- There was no standardised tool used to measure outcomes highlighting the complexities of mental health and the multifaceted nature of its assessment.

- Individual-level interventions vs organisational-level interventions.

- Studies reporting on interventions in LMICs, particularly within the African continent are scarce. This gap underscores the need for more inclusive and contextually relevant interventions to ensure all HCWs, especially those in underrepresented settings, have access to effective mental health support.

CONCLUSION

- Mental health interventions for healthcare workers improve well-being, anxiety, sleep quality, and depression, among other positive outcomes. These interventions require varied resources and must be adapted to different settings for effective implementation.

- Healthcare workers can benefit from mental health interventions through linear or nonlinear mental health support journey maps. These journey maps guide the implementation of mental health interventions, incorporating various strategies like psychoeducation to enhance overall success.

- The healthcare workforce is a critical component of the WHO health systems strengthening building blocks. To achieve optimal health outcomes, we must invest in their training, well-being, and mental health support, ensuring they are empowered to deliver high-quality care to all.

LIMITATIONS

- Review period (2020 -2023): Great emphasis on mental health among healthcare workers

- Focus on peer-reviewed studies: Need for methodological transparency and rigorous peer review for evidence-based studies

- No standardised mental health outcomes or outcome measurement tools assessed: complexity of mental health requires a diverse approach for assessment

RECOMMENDATIONS

- Ensure tailored, context-sensitive interventions

- Prioritising the development and implementation of mental health policies at an organisational level

- Research Focus

  - Assess the feasibility and practical application of the mental health support journey maps

  - Availability, accessibility and acceptability of mental health interventions in the workplace for healthcare workers

  - LMICs, PHC, specific healthcare worker groups

  - **Follow-up Study: The effects of organisational-level interventions on symptoms of depression and anxiety in medical doctors: a systematic review**

- **Aim:** To assess the effects of organisational level interventions on symptoms of anxiety and depression in medical doctors and evaluate the strength of evidence supporting their effectiveness.

- **Key Findings:**

  - The 16 studies identified from the inclusion criteria were mainly conducted in **hospitals.**

  - Most of the studies (14) were conducted in **high-income countries**, with 70.6% of participants being specialists.

  - Fourteen studies were rated as having **strong or moderate methodological quality**.

  - **Five intervention categories** were identified: mental health surveillance and monitoring, training and development, relational/team dynamics, flexible work/scheduling, and job/task modifications.

  - Fewer than half (seven) of the studies reported statistically significant improvements in at least one primary outcome (symptoms of depression or anxiety).

Intervention Category	Consistency: more than 75% of studies within an intervention category had a statistically significant impact in the same direction
Mental Health Surveillance and Monitoring	Only one study included
Training and Development	No, 57.1 % consistency (4 out of 7)
Relational and Team Dynamic Initiatives	No, 50% (1 out of 2)
Flexible Work and Scheduling Changes	No, 33.3% (1 out of 3)
Job and Task Modifications	No, 33.3% (1 out of 3)

- There are mixed results regarding the effects of organisational level interventions on symptoms of depression and anxiety.

- The systematic review begins the advocacy journey for evidence-based mental health interventions at an organisational level.

- This information can be used to inform policies and practices within the healthcare setting, with possible expansion into other settings.

- Highlights opportunities for further research to address mental health at work globally.

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THANK YOU