



Mental health challenges in the EU health and social care sector during COVID-19: strategies for prevention and management

Summary

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Context

The COVID-19 pandemic led to psychosocial risk stressors and mental health challenges for workers across many settings, with the human health and social care activities (HeSCare) sector believed to be one of the most highly affected.

Previous attempts to evaluate the HeSCare sector's burden of mental health problems resulting from work during the COVID-19 pandemic include studies conducted in very heterogeneous settings and geographical regions, often outside Europe. Due to contextual differences, these previous studies, which primarily include evidence from China and developing countries, may only partially apply to the European Union (EU). This underscores the need for region-specific assessments of the burden of mental health problems and the identification of helpful occupational safety and health (OSH) interventions applicable to the EU context regarding the prevention and management of psychosocial risks and mental health in the HeSCare sector in the context of pandemics.

This report¹ evaluates the prevalence of work-related mental health conditions resulting from the COVID-19 pandemic in the HeSCare sector in the EU. We present available good practices, interventions and recommendations from the COVID-19 pandemic period, to address work-related psychosocial risk factors and mental health in this sector. The aim of this detailed assessment of both the burden of the problem and the proposed workplace initiatives to tackle it is to provide comprehensive and helpful guidance to policymakers and practitioners that will increase resilience and improve the preparedness of the sector for future health emergencies.

Methodology

We conducted a systematic review of the prevalence of mental health outcomes in the EU health and social care workers during the pandemic, as well as in-depth searches and contacted professionals in the field to identify examples of good practices or interventions and recommendations issued for the sector by recognised authoritative sources.

The scope of the prevalence systematic review is to quantify the mental health burden in the HeSCare sector in the EU from the start of the pandemic in 2020 until mid-2023, and to identify interventions and recommendations published in the peer-reviewed literature. The mental health outcomes studied included anxiety, depression, acute stress, post-traumatic stress disorder (PTSD), insomnia and sleep disturbances, distress, burnout and suicidal thoughts. The systematic review complies with rigorous conduct and reporting methodologies. The studies of interest were identified through comprehensive and systematic search strategies across major bibliographic databases using predefined eligibility criteria. We critically appraised studies for quality and representativeness using the Joanna Briggs Institute Tool for prevalence studies. We conducted study selection and data extraction in duplicate and obtained pooled prevalence estimates across the EU from meta-analyses. Estimates of the prevalence of mental health problems were also examined by country, age, sex and gender, and in specific subgroups of workers considered potentially at increased risk of mental health problems (groups of professional profiles, frontline workers, and work setting). We rated all the evidence to inform the certainty of each prevalence estimate, using the GRADE approach.

Existing good practices and recommendations in the sector were identified through comprehensive scientific and grey literature searches, alongside a Delphi consultation with 59 relevant stakeholders across Europe as well as with non-EU experts, representing a wide range of organisations in the HeSCare sector. They were asked to provide practical examples at workplace level regarding the identification, assessment, prevention or mitigation of work-related psychosocial risk factors and mental health in the HeSCare sector, focusing on preparedness for future health emergencies. This report presents a selection of identified good practices or workplace interventions, with broad geographical coverage and various scopes (organisational, individual-level and mixed interventions) that can be put into practice by stakeholders across the sector.

¹ Full report is available at: <https://osha.europa.eu/en/publications/mental-health-challenges-eu-health-and-social-care-sector-during-covid-19-strategies-prevention-and-management>

Results

In total, 113 studies from 22 countries in the EU were included to assess the prevalence of mental health problems in the HeSCare sector during the COVID-19 pandemic (see *Annex 1 — Systematic review studies*²). The estimated EU-pooled prevalence rates observed in this report were as follows:

- Anxiety: The overall prevalence of anxiety (considering any level, from mild to severe forms) was 37%. This estimate was derived from data from 41 studies including 35,868 participants. When considering only anxiety of moderate and severe intensity, the estimated prevalence was 21%.
- Depression: The overall prevalence of depression was 33%, based on 41 studies including 44,001 participants. When considering only depression of moderate-to-severe intensity, the overall estimated prevalence was 20%.
- Acute stress: The overall prevalence of acute stress when classified as any form of stress was 44%, based on data from 22 studies including 19,575 participants. When considering acute stress of moderate-to-severe intensity, the overall prevalence was 36%.
- Post-traumatic stress disorder: The prevalence of PTSD across Europe was 24%, based on 30 studies including 46,867 participants.
- Psychological distress: The prevalence of distress was 46%, based on 14 studies including 16,486 participants.
- Insomnia: The prevalence of moderate-to-severe insomnia and sleep disturbances was 36%, based on 11 studies including 13,086 participants.
- Burnout: The prevalence of burnout was 38%, based on 16 studies including 16,128 participants.
- Suicidal thoughts: The prevalence of suicidal thoughts was 11%, based on 6 studies including 17,495 participants.

These findings were based on studies identified in 22 EU countries, but comprehensiveness across countries varied and in some EU countries, no eligible studies were identified. A significant degree of variability was observed across the included studies, leading to higher imprecision in the pooled prevalence estimates. This variability between studies can be explained by differences in their design and conduct: in the populations studied, the characteristics of the countries and their healthcare systems, the time periods when the studies were conducted (for example, different pandemic waves, the COVID versus the post-COVID period until 2023), or the validated instruments and definitions used to assess mental health outcomes.

Analysis of specific professional profiles in the HeSCare sector suggests higher prevalence rates of mental health problems in nurses, residents, aides and emergency medical technicians (EMTs). Further assessment of impacts on specific subpopulations of workers shows heterogeneous findings. Frontline workers, broadly defined as those potentially in closer contact to the virus, consistently show higher prevalence rates of psychological burden across all mental health conditions, particularly insomnia, anxiety and burnout. Female workers tend to show a higher degree of psychological burden compared to male workers across the considered mental health conditions, particularly in distress, insomnia or sleep disturbances, and acute stress. Professionals working in hospital settings seem to have a higher prevalence of mental health problems than professionals at nursing homes, and a similar prevalence to those in general practice settings. However, the number of identified studies in nursing homes and general practices is very limited. Results by age are mixed, but younger professionals may have a higher prevalence of moderate and severe mental health outcomes.

The grey literature review and the Delphi study allowed us to screen a large volume of evidence, including 138 documents on workplace interventions and examples of good practices, alongside 144 documents containing recommendations focusing on work-related psychosocial risk factors and mental health prevention and management in the HeSCare sector during the pandemic (see *Annex 2 —*

² *Annex 1 – Systematic review studies* is available under the Related Resources section at <https://osha.europa.eu/en/publications/mental-health-challenges-eu-health-and-social-care-sector-during-covid-19-strategies-prevention-and-management>

*Collection of good practices and recommendations*³). We identified and classified 27 different modalities of interventions, most commonly counselling, mindfulness practices and digital resource utilisation, to support professionals. Measures such as resting rooms or hubs, organisational adjustments and psychoeducation were also prevalent. Interventions/good practices were classified into three broad categories:

- Cognitive behavioural interventions: Aim to modify participants' thoughts, feelings and behaviours in stressful situations.
- Physical and mental relaxation: Focus on reducing stress-induced agitation and promoting mental calmness.
- Organisational interventions: Altering work environments, methods or resources to improve workplace conditions.

Following detailed searches and screening of documents, 109 recommendations were included addressing psychological well-being and mental health in the sector. These were further classified into three main categories, according to their level of action or focus: organisational (62 recommendations), individual (24 recommendations) or outcome specific (23 recommendations). Each of these includes several subcategories:

- Organisational: General support, resource management, communication, shifts and workload, leadership, organisational peer support, psychological support and stress management, team self-care and well-being measures, economic support and job stability, preparation for future crisis, evaluation of interventions, and community support.
- Individual: Peer support, psychological support, stress management, self-care, and wellbeing measures.
- Mental health outcome focused: Burnout, PTSD, isolation and quarantine, social stigma and moral injury.

Discussion

This is the first systematic assessment of the burden of mental health outcomes on EU health and social care workers working during the COVID-19 pandemic. It also provides practical guidance on preventing and managing psychosocial risks and mental health problems in health and social care workers during epidemics, and compiles and classifies existing useful recommendations for the sector.

The study sheds light on the high prevalences for a range of mental health problems in the EU health and social care workforce including anxiety, depression, acute stress, PTSD, distress, insomnia, burnout and suicidal thoughts. Although all workers in the sector reported high rates of mental health problems, this study identifies specific subgroups of workers in the sector who may experience more psychosocial risk factors and who appear to suffer from a higher prevalence of a range of mental health problems. These include professionals at the frontline, specific professional profiles (nurses, residents, aides and EMTs), hospital workers, young professionals and female workers. The identification of workers at higher risk for certain mental health conditions may help support more targeted work-related prevention and management initiatives.

This project identifies knowledge gaps in certain countries, work subsectors (social work with and without accommodation) and professional profiles within the sector (i.e. cleaning staff) with little or no studies available. It highlights the need to rigorously and systematically evaluate those gaps, as well as to assess the benefits and costs of the different interventions identified. The identification of good practices shows that, during the COVID-19 pandemic, sound efforts were made across EU countries at workplace level to implement and evaluate interventions to address psychosocial risks and the burden of mental health among HeSCare professionals; and numerous recommendations have been issued that could prove useful for future health crises.

³ Annex 2 – *Collection of good practices and recommendations* is available under the Related Resources section at <https://osha.europa.eu/en/publications/mental-health-challenges-eu-health-and-social-care-sector-during-covid-19-strategies-prevention-and-management>

We present a collection of informative best practices in this report, for managers and professionals to choose those most appropriate or feasible that can be readily applied or tailored to each specific context. To do this, we identify facilitators and critical aspects for potential transfer to other workplaces and settings, giving insight into the wide range of possibilities for intervening at the workplace and helping workers in difficult conditions. This collection will serve as essential input when addressing psychosocial risks and promoting mental wellbeing in the HeSCare sector, and it should be widely disseminated.

In conclusion, this project represents a necessary step towards understanding and addressing the psychosocial and mental health challenges faced by health and social care professionals in the EU during COVID-19 times. In turn, this understanding should help inform future research and public health strategies on the gaps to be addressed and the support this sector needs in challenging circumstances that may become more prevalent under current social and climatic predictions, thereby increasing its resilience and preparedness for future pandemics.

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