

## Salus Occupational Health

### Staff Mental Health Presentation & Long COVID 2020-21

#### Introduction

This paper seeks to update Board Members on the presentation of mental health issues to Salus over the pandemic period April 2020 – March 2021. In addition, an insight is provided for information regarding the experience of staff contracting COVID and the resultant data relating to “Long COVID”.

#### A: Staff Mental Health

##### 1. Occupational Health Referrals

Although manager’s can refer to Salus at any time, the majority of “Management Referrals” are received where a staff member is sickness absent for more than 28 days. At this point the absence is considered long term.

Staff can also self-refer to Salus at any time.

The proportion of Referrals for the previous 5 years is provided below.

	2016-17	2017-18	2018-19	2019-20	2020-21
<b>Total Refs</b>	3098	3190	3461	3867	3232*
<b>Mental Health Related</b>	1076	1256	1467	1585	949
<b>Mental health Work Related</b>	226 (21%)	264 (21%)	322 (22%)	269 (17%)	475 (50%)

\*Please note that in 2021 Occupational Health received only emergency referrals (inc. mental health) between Jan-Mar due to the vaccination programme. A Salus Helpline was established in April 2020 which received over 22,000 calls in the year to March 2021. This provided general advice from PPE to Mental health support, including signposting to various support services.

The figures above demonstrate a gradual increase in year on year referrals from 2016. However, there is a significant increase in work related absences in 2020-21 during the pandemic. Further examination of the data found the increase related to concerns re long term conditions/shielding and general anxiety regarding the virulence of the virus and potential impact on self and family members.

Uptake of support from the independent counselling service “Time for Talking” fell slightly in 2020-21 in comparison to 2019-20. However, this is most likely offset by contacts to helpline and other services offered within the Care & Wellbeing programme.

## 2. NHS Lanarkshire’s Mental Health Sickness Absence

The table below illustrates an overall 9% fall in sickness absence days within NHS Lanarkshire when comparing 2019-20/2020-21. However, this is not replicated within the mental health absence figures which are broadly very similar year on year.

	Absence Days total	MH absence Days
2019/20	181,250	51,952
2020/21	164,233	51,742
Variation	-17,017	-210
%	-9.4%	-0.4%

Whilst the expectation of higher levels of mental health absence within a pandemic year have not occurred, it should be noted that “special leave” was available to COVID related absence in 2020-21 and that additional absence may be present within these figures that relate to stress/anxiety.

Whilst little change has occurred in mental health absence across both years, there has been a small increase in the incidence of multiple in year absences by staff.

Information Services Division (ISD) calculate the annual absence rate for NHS Lanarkshire as having reduced from 5.7% to 5.49% during this period. Whilst welcome, this is proportionally less than the Scottish average reduction.

	Total %	LTSA	STSA
NHSL 2019/20	5.7%	4.10%	1.61%
Scotland	5.44%	3.35%	1.32%
NHSL 2020/21	5.49%	4.24%	1.25%
Scotland	4.67%	3.59%	1.85%

## 3. Summary

NHS Lanarkshire has experienced no direct impact on mental health absence in staff during the pandemic period. The absences reported remain related to general anxiety presentation with very low levels of psychosis or severe presentations. Whilst an increase in these figures would be expected in a pandemic situation where healthcare workers are frontline, we have no benchmarking data to compare against. There is also a possibility that were staff not able to take special leave relating to COVID, the numbers may be higher.

Occupational Health will now monitor these levels throughout 2021-22 to ensure oversight as the pandemic situation progresses and also should there be any alteration to special leave status.

### B: COVID 19 & “Long COVID” in NHSL Staff

#### Introduction

The following information has been gathered from Workforce statistics and a follow up study undertaken by Occupational Health regarding the longer term impact of the C19 virus. For the purpose of the paper, NICE guidelines define condition progression as

- a) **Acute COVID 19** – where signs and symptoms are present for up to 4 weeks.
- b) **Ongoing Symptomatic COVID 19** – signs & symptoms remain 4-12 weeks.
- c) **Post COVID 19 Syndrome** - signs and symptoms that develop during or after an infection consistent with COVID-19, continue for more than 12 weeks and are not explained by an alternative diagnosis.
- d) **Long COVID** - signs and symptoms that continue or develop after acute COVID-19. It includes both **Ongoing symptomatic COVID-19** and **Post-COVID-19 syndrome** (defined above).

### 1. Initial Presentation

From 1<sup>st</sup> April 2020 to 31<sup>st</sup> April 2021 485 NHS Lanarkshire staff tested positive for COVID 19.

81% were female, 17% male, 2% in another way and 1% preferred not to answer. 96 % were white, 3% BAME (Black, Asian, Minority Ethnic) (1% preferred not to answer).

Figure 1: Distribution by Age

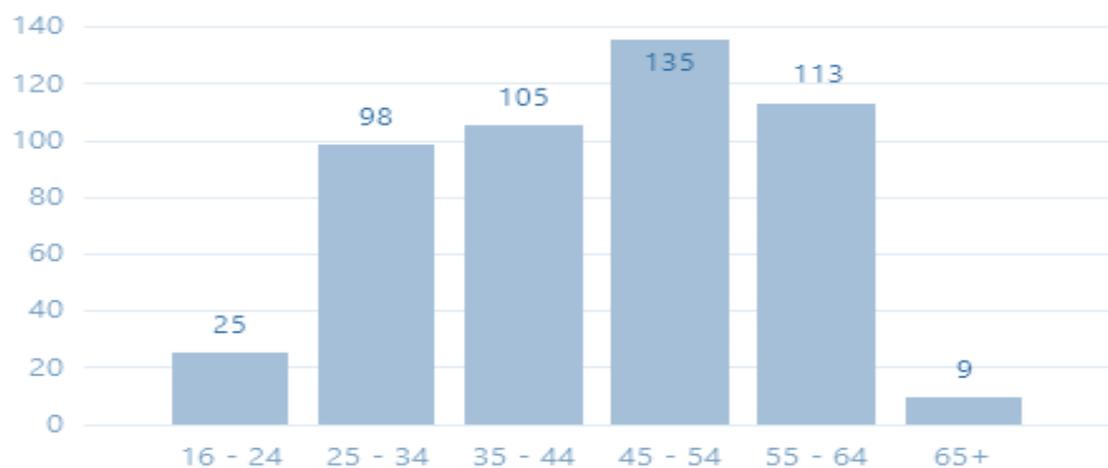
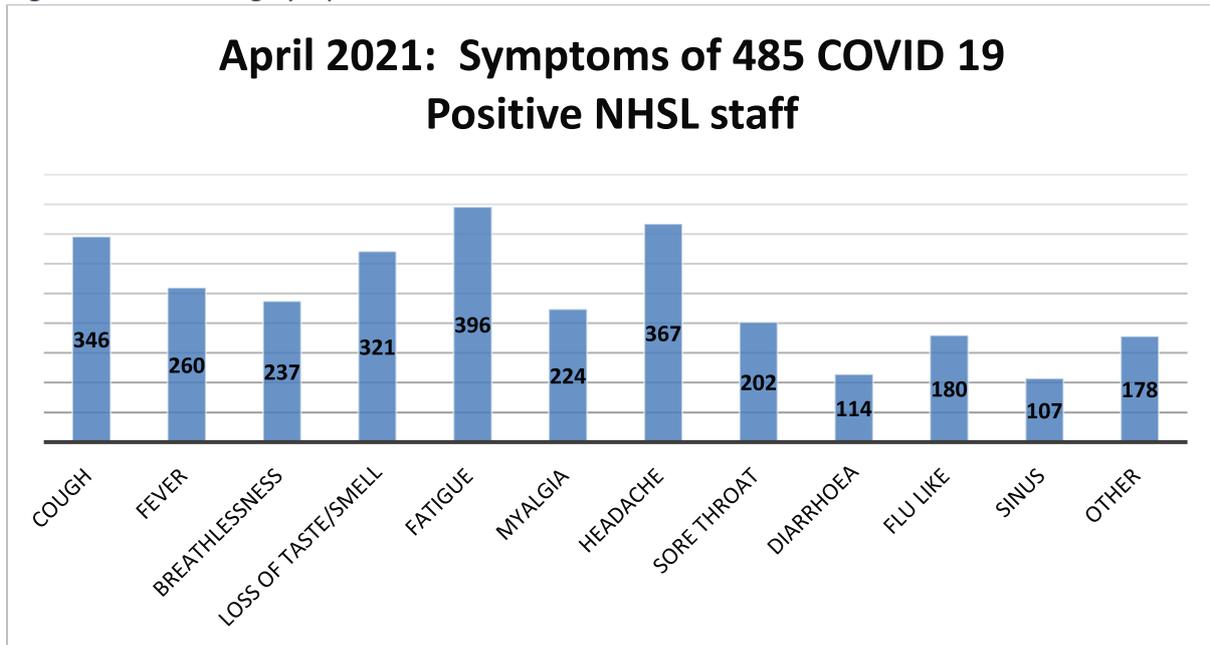


Figure 2: Presenting Symptoms



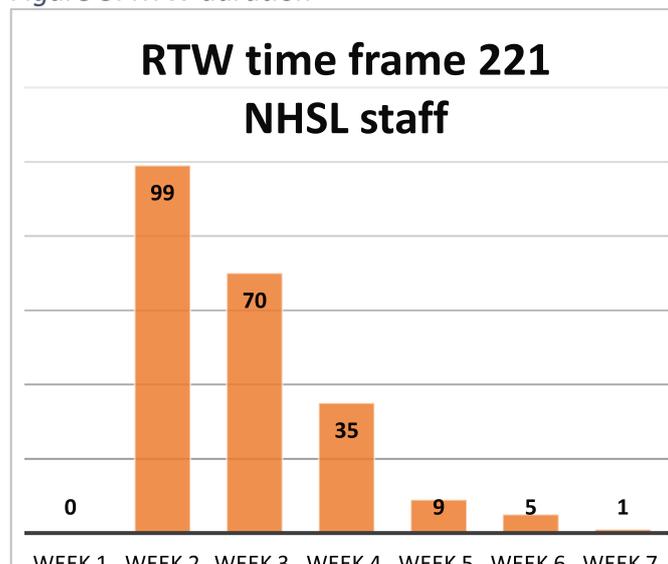
64% of staff reported symptoms as being “Moderate” or Severe”, with 36% either reporting “Mild” or asymptomatic. A further 32% reported an existing long term condition. In symptomatic staff, 41% reported an impact to their mental health with 37% reporting a physical impact.

## 2. Return To Work

All COVID positive staff were required to isolate prior to returning to work. The information below details the duration required to return and the adjustments required. Note that duration figures were only available for 221 staff.

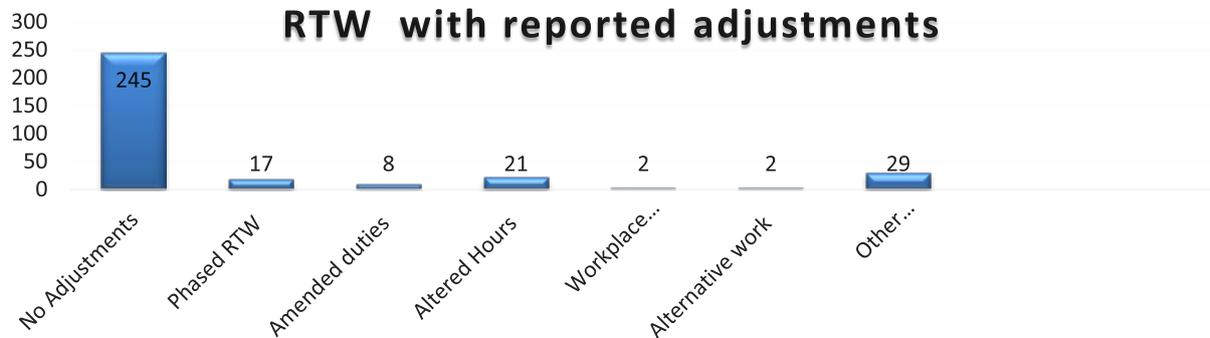
92% of all staff that returned to work, did so within within 4 weeks. 35 staff remained absent beyond 12 weeks.

Figure 3: RTW duration



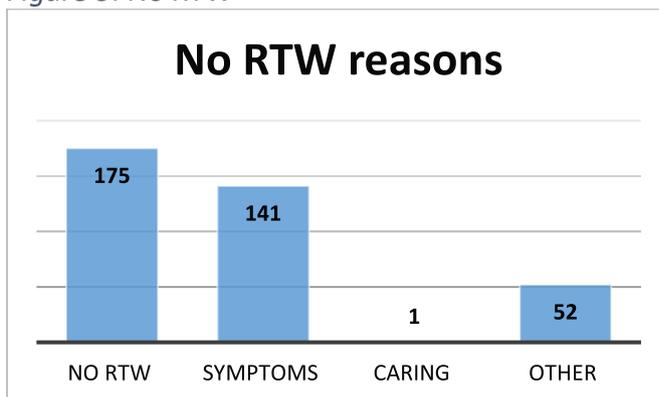
All COVID positive staff were followed up by Occupational Health (76% within 1 month). The adjustments required to support staff return to work are given below. 76% required no support.

Figure 4: RTW Adjustments



Within the study 175 staff failed to return to work as described below.

Figure 5: No RTW



No Return to Work was due to..  
 80% - Symptoms  
 30% - Other reasons. These included Shielding, Anxiety, Personal/Social, Management & Workplace and failed previous attempt.

### 3. Summary

485 NHSL staff recorded as contracted COVID 19. According to data 92% returned to work within 4 weeks. A small number of staff required adjustments to support return (phased return/altered duties/reduced hours).

Evidence to date suggests that 5-10% of staff will suffer “Long Covid”. As such NHS Lanarkshire could expect approximately 24-48 staff to have longer term issues. Given variability in symptoms and their impact it is likely that some may have already returned to work with resolved, residual / persistent symptoms with or without adjustments.

Functional assessment and workability will be crucial to a sustained & safe return to work in keeping with their bio psychosocial considerations.

Appropriate individual and workplace Risk Assessment, operational feasibility of adjustments, managerial ability to support and flexible working arrangements when required will be determinant for those who cannot return to normal duties.

Support to such staff at work or returning to work will need to be tailored to their individual needs.

**C: Recommendations**

**Board Members are asked to**

- 1. Note the content of the report in relation to mental health absence and COVID 19/Long COVID.**
- 2. Receive Bi-annual monitoring reports on progression of mental health/long COVID absence in 2021-22.**

**Kay Sandilands  
HR Director**

**June 2021**