Frontline Health Care Workers' Mental Health and Wellbeing: Need for An Upstream Whole Community Approach

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Over a year ago, during the first wave of the pandemic, I wrote about the need for a public mental health system in Canada in the Journal of Concurrent Disorders (Khanlou, 2020). Shortly afterwards, I had the privilege of being guest editor for this special issue focussing on the health of frontline workers during the COVID-19 pandemic, and we sent out a call for papers. Researchers, educators, and health care providers both local and from around the globe responded to the call. I am grateful to all of the contributors, as well as to the reviewers, who gave of their time during this challenging period of a global pandemic. *Thank you*.

The contributors to the special issue represent various disciplines and foci of practice. We need this type of multidisciplinary knowledge-building to inform comprehensive approaches and systems transformations in support of caring for frontline workers. The articles in the issue address:

- *Settings of care*, including long-term care, teaching hospital, COVID facility, and homes.
- *Practice disciplines*, including medicine, nursing, and social work.
- *Specific pandemic-related topics*, such as virtual health care, social distancing and client engagement, mental health, and use of anxiolytics by health professionals.

As the pandemic enters its third wave, we continue to face urgent mental health practice and policy needs. Frontline health care workers provide service in a changing pandemic context with new variants of the virus. Yes, there is hope on the horizon with the increasing availability of vaccines. However, we must listen to the voices of frontline health care workers who are telling us about the realities of providing direct service in this situation. They are devoted professionals, but they are exhausted. They need paid sick days (or rest days), they need childcare, and they need time and support to take care of they own wellbeing.

How can we address the mental health and wellbeing of our frontline workers effectively and respectfully, without running the risk of stigmatization – or worse, job insecurity and jeopardy?

I believe that applying an *upstream whole community approach* provides us with an important framework and opportunity to support our frontline workers' mental wellbeing. The Upstream Whole Community Approach is informed by a systems perspective, a community resilience lens, and the intervention pyramid for mental health and psychosocial approach, which was put forth by the International Agency Standing Committee Reference Group (2020) in response to the COVID-19 outbreak.

In March of this year, we presented on *Mental Health for Frontline Workers during COVID-19 Pandemic* at York University's MobilizeYU Wellness Webinar (Khanlou & Khan, 2021). Drawing from our work on resilience promotion (Khanlou & Wray, 2014) and from concepts of community resilience through an integrative approach (Berkes & Ross, 2013), we addressed micro level (individual), meso level (family and work environment), and macro level (policies and laws) factors.

FIGURE 1: Upstream Whole Community Approach
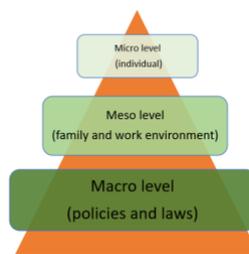
Health policy and human services actions can be taken in line with this perspective. At the *macro-level,* there is a need for equity-informed policies to support frontline health care workers' safety, human

resources pay concomitant with pandemic risk, comprehensive benefits, and a public mental health system. At the *meso-level*, positive practice settings that offer flexible work schedules for frontline workers (such as those who at home are parenting or caring for family members), and peer-informed solutions to critical pandemic related workplace decision-making are examples. And at the *micro-level*, recognition of the mental health stressors of the ongoing pandemic in relation to workload and safety, protection of employee privacy, and trauma-informed approaches to mental health services are needed.

Attention to the mental health impacts of the pandemic on frontline health care workers is on the rise, but specific systemic actions to support their mental health and wellbeing are dispersed and not well documented. We hope this special issue informs much needed policy and action to support the health and wellbeing of frontline workers.

References

Berkes, F., & Ross, H. (2013). Community resilience: toward an integrated approach. *Society & Natural Resources*, 26(1), 5-20.

International Agency Standing Committee (IASC). (2020). Interim Briefing Note. *Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak. Version 1.5*. IASC Reference Group on Mental Health and Psychosocial Support in Emergency Settings.

Khanlou, N. (2020). Call for a Canadian Public Mental Health System: Transformative change amid a global pandemic. *Journal of Concurrent Disorders, 2*(1), 1-2. Available url: https://concurrentdisorders.ca/2020/03/31/call-for-a-canadian-public-mental-health-system/

Khanlou, N., & Khan, A. (1 March 2021). *Mental health for frontline workers during COVID-19 pandemic: Mental health in the human services sector.* MobilizeYU Wellness Webinar. Knowledge Mobilization Unit at Innovation York, York University. Available: https://www.youtube.com/watch?v=Aynq5vAntVU&t=10s

Khanlou, N., & Wray, R. (2014). A whole community approach toward child and youth resilience promotion: A review of resilience literature. *International Journal of Mental Health & Addiction,12*(1), 64-79. DOI: 10.1007/s11469-013-9470-1. https://link.springer.com/article/10.1007/s11469-013-9470-1