



# Resilience and Coping Beyond the Pandemic

## A Briefing for Public Health Teams

Prof. Jim McManus, Vice-President, ADPH<sup>1</sup>

### Acknowledgements

We are very grateful to our ADPH Members and Andy Bell, Deputy Chief Executive of the Centre for Mental Health, for their comments on and review of drafts of this paper.

## 1. About this Briefing

The purpose of this briefing is to provide Directors of Public Health (DsPH) and Public Health teams with some rapid and concise orientation on the issues of population and workforce trauma, resilience and coping during and beyond the pandemic, so that they can consider strategies both for the public and for their workforces.

This briefing seeks to provide some frameworks for response to the needs of:

- **Populations;** because there will be multiple and differential impacts on various sub-populations both by life course stage and by identity as well as socioeconomic status.
- **Workforces, teams and systems;** as the pandemic goes on, the risk of compassion fatigue, burnout and traumatic stress in workforces increase. Psychological injury to staff (and by definition to ourselves as public health professionals) may be worse than in other parts of the population because the combination of enduring stress and their own motivation to keep serving their populations, may result in people feeling unwilling or unable to seek help. If we can't keep our workforces resilient, we can't continue to manage outbreaks.

This briefing is set within the context of public mental health. It seeks to provide pointers with links to further resources and reading for DsPH to respond at system level and support themselves and their teams. This briefing is really about after-effects as opposed to immediate effects.

## 2. Background: The Impact of Covid at Population and Workforce Levels

Following Singer<sup>2</sup>, Horton<sup>3</sup> and others have pointed out that Covid-19 is not a pandemic but a **syndemic**: a number of impacts (physical, social, financial or emotional) which combine together to have an effect which is worse than any one individually. Some people may describe this as a “multiple whammy”. For example, Covid has physical, psychological, economic, and social impacts on people. Seeing through a syndemic lens is important for public health professionals to use in both understanding multiple waves and dimensions of the impact of Covid, and in understanding the multiple issues to be faced in recovery. There is growing and extensive literature on the syndemic impacts of HIV, mental health, disaster and trauma.

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‘Covid-19 is not a pandemic but a Syndemic : a coming together of multiple impacts (loss, fear, isolation, financial impacts) which can combine and interact to create a “multiple whammy”. People may be able to withstand one or two impacts, but not the multiple combined impacts.’

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Directors of Public Health face two major sets of mental health challenges coming out of the pandemic:

- **Responding to trauma at population level using a public mental health approach:** There is an accumulation of evidence that the pandemic has affected people not only individually but also collectively. It has been a “major collective trauma” which affects most people psychologically or emotionally in one way or another. The impact of this varies from person to person, and community to community, and is dependent on a number of factors. And while some people will recover and thrive, others will struggle at various degrees. This is a clear public mental health challenge. Part of this challenge will be to ensure that clinical mental health services are able to respond and are sufficiently resourced. But the demand and need will be some way beyond capacity, and we must therefore identify a population wide approach to early intervention, prevention and recovery.
- **Ensuring you and your workforce are resilient and supported is part of a public mental health approach:** The sustained nature of the response to the pandemic, and the fact that we do not yet have an endgame, means that DsPH, their teams, and the systems they lead, are under increasing pressure and ongoing stress. This is an organisational wellbeing and resilience challenge. Not addressing workforce need while addressing need for others, risks creating a strong sense of unfairness among staff and creating further trauma.

### 3. Developing a Trauma Informed Population Recovery Plan: Population as well as Clinical Focus

An individual clinical focus, while necessary and valuable to help people recover and cope individually, is not sufficient in and of itself. The concepts of collective trauma, developed from disaster and conflict psychology, offer a lens which is at population level, and should therefore be attractive to DsPH taking a population approach.<sup>4</sup> The work of Reimann and Konig (2017) can provide a useful lens for DsPH to use in understanding collective trauma.<sup>5</sup>

Collective trauma refers to an event or a series of events that is psychologically or emotionally stressful for a group of people which can be anything from a small group (e.g. a friendship group who experience a sudden traffic accident) to a whole population.

Most people have experienced a change in their lives, beyond their control (e.g. lockdown) through Covid. This can traumatise people. While everyone has experienced some trauma, some people have experienced much more than others. The trauma of being locked down is different from the very serious trauma of serious illness and bereavement. The evidence suggests that the effect is greater the closer you are to the “storm”. Grief and trauma can express itself in a range of ways, including frustration, grievance, and protest against public health measures. Some people have also become much more open to believing conspiracy theories.<sup>6</sup> Others may become anxious or depressed and be fearful of returning to normal social life as restrictions ease<sup>7</sup>.

### **Traumatic experiences and the variety of responses**

- Traumatic experiences can lead to a variety of physiological, psychological, relational, spiritual, and societal responses.
- Some people emerge from a traumatic experience relatively unscathed and adjust well. Recent evidence from conflict and war psychology shows strong positive group identity accompanied by mutual support within the group, can contribute to adjustment and coping and almost become a “social cure”. Similarly, group identity can worsen or continue stigma and trauma.
- Other people may become changed for a short, medium, or very long period by a traumatic event.
- The exact degree of differential responses to traumatic experiences depends on a variety of factors, including prior trauma history, current stressors, level of resilience, and the degree to which there are meaningful relationships.
- People don’t need to have experienced an event first-hand in order to react to or be changed by it. For example, some people have been traumatised by watching traumatic events on television.

At identity-group level (e.g. populations of identity, teams within organisations) trauma can be both a galvanising factor for some people to seek or even to organise self-help (e.g. responses to hate crime) while also being a source of further deep stigmatisation and difficulty. At identity-group level, trauma can lead people to seek/organise self-help (e.g. responses to hate crime) or become a source of further deep stigmatisation and difficulty. In some people, experiences of trauma will lead to clinical level mental health conditions including PTSD and complex grief. This isn’t just about short-term behavioural effects but risk factors for serious and enduring illness which can be modified if DsPH take steps now to reduce risk and prevent re-traumatising people. Steps you can take are included in the briefing below.

Collective trauma, when aligned to public health concepts of i) looking at populations and sub-populations and ii) the concept of syndemics, is an extremely valuable concept to use. Together these three concepts can provide a “tri-focal” lens ideally suited to consider the impact of the pandemic. The pandemic impacts at population, sub-population, and individual levels. We also know that the impacts of Covid have not been equal. Those who are most deprived, Black, Asian and Minority Ethnic (BAME) communities, and those who were unable to work from home have experienced the worst impacts. Caregivers (paid and unpaid) have also experienced significant impacts.

When developing a population recovery plan, there is a need to both understand where, and in which populations, differential impacts of Covid might occur. Some of the steps include:

- Developing a model or framework for understanding impacts and mapping them. This might be as part of a very Rapid Needs Assessment, for example, undertaking some quantitative needs modelling on trauma and impact both for now and for future
- Developing a multifactorial plan which is not just about clinical service capacity but is about population levels as well as early intervention
- Building a coalition or partnership to run and deliver this

A very short “starter” section on more longer-term planning can be found at the end of this briefing.

### **Tools to support planning**

As a more rapid tool to look specifically at Covid, ADPH, the Local Government Association (LGA), and Hertfordshire County Council have developed a rapid ready reckoner model across the life course for

understanding this, with a matrix and an infographic.<sup>8</sup> West Berkshire also developed a pictorial model across the life course of multiple Covid impacts, not just mental health. These images can be found in Appendix 1 and a number of public health teams have found these graphics easy to use in informing and influencing action across local systems and partners.

In addition to these, there are three further useful tools:

1. [The ADPH Major Incidents Checklist of Directors of Public Health](#)
2. [The Real World Public Mental Health Podcast Series](#)
3. The Centre for Mental Health Briefing 56 on Trauma has a [reckoner](#) of the types of interventions which could be put in place for different issues and needs

## 4. Workforce Resilience, Workforce Care and Self-Care

Workforces are important to consider in terms of resilience and impact in their own right for three reasons. First, the enduring and multiple exposure to stressors of people responding to Covid puts them at heightened risk of trauma and long-term problems. Second, a workforce affected by trauma presents a significant threat to business continuity and pandemic response. Third, evidence is clear that workforces can both promote resilience and mental wellbeing and be a significant challenge to it.

It is therefore crucial to see workforce resilience as a public health priority in its own right during and beyond the pandemic. There are multiple challenges for workforces during the pandemic which will not only have significant impacts on their health but create a substantial risk to sustainability of services. Workforces are therefore important to include in their own right.

It is possible for people to experience more than one challenge in the workplace at different times, or even the same time. These can be categorised as:

- **Stress** – the reaction we have when the demands we perceive on us in a situation, or our workload, are greater than our perceived resources to meet them. This can be short or long term.
- **Traumatic stress** – a specific, more intense, and more complex type of stress that reflects exposure to terrible events that are emotionally painful, intense, or distressing. This can be accompanied by multiple challenges.
- **Compassion fatigue** – emotional and physical exhaustion compounded by “caring without ceasing”, leading to a diminished ability to empathise or feel compassion for others.
- **Moral injury** - there is a risk of ‘moral injury’ where people either witness or carry out acts that go against their moral code (e.g. having to deny someone a service or promote interventions which conflict with their values). While this is better understood in relation to the armed service, it has some resonance during Covid and is a risk factor for later mental illness (Williamson, et al 2021<sup>9</sup>).
- **Burnout** – a syndrome resulting from chronic workplace stress that has not been successfully managed. It is characterised by three dimensions: feelings of energy depletion or exhaustion; increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and reduced professional and personal outside work efficiency. This can rapidly become a serious problem for individuals inside and outside of work.

However, there are a range of approaches that can be taken to support workforces. In non-Covid crisis times, developing a whole organisation approach using the Thriving at Work model is recommended. But for now, as we continue to tackle Covid, there is a menu of rapid and easy interventions that can be used

to provide support at an individual and team level. These are outlined below.

### A framework to protect and promote the mental health of workforces during Covid

Level	Actions	Resources
<b>Individual Level (Self)</b>	<p>Any of the below approaches can be used and will work differently for different people.</p> <ul style="list-style-type: none"> <li>• Developing a self-care plan</li> <li>• Developing a personal resilience plan</li> <li>• Self-acceptance</li> <li>• Self-compassion</li> <li>• Identifying self-care buddies</li> </ul>	<ul style="list-style-type: none"> <li>• Healthline (2020) <a href="#">How to Make a Self-Care Checklist</a></li> <li>• Derek Mowbray’s guides on <a href="#">managing personal resilience</a> have been used by many DsPH</li> </ul>
<b>Individual Level</b>	<p>There are several important dimensions to supporting individual employees.</p> <p>Encouraging self-care is important but the manager also needs to support people as much as possible, lead by example, and show compassionate leadership to encourage a culture of this. The resources opposite are designed to help busy public health teams.</p> <p>Identifying signs of when people are not coping, identifying sources of help in the organisation, and signposting people to support are all crucial.</p>	<ul style="list-style-type: none"> <li>• The British Psychological Society (2021) <a href="#">Thriving when work is tough: in Covid and non-Covid times.</a></li> <li>• Chartered Institute of Personnel and Development (2015) <a href="#">Promoting Good Mental Health</a> (Podcast).</li> <li>• Derek Mowbray’s guides on <a href="#">managing personal resilience</a></li> <li>• CIPD (2021) <a href="#">Coronavirus (COVID-19)- Mental health support for employees</a></li> <li>• Resources by <a href="#">Mental Health at Work</a></li> </ul>
<b>Team or Unit Level</b>	<p>Good team working is positively associated with better resilience. This can be promoted through the following:</p> <ul style="list-style-type: none"> <li>• Encouraging peer to peer support</li> <li>• Creating a favourable social and teamwork climate</li> <li>• Facilitating team gatherings or clusters</li> <li>• Connecting and getting together, actively and openly listen</li> <li>• Providing team support – i.e. ensuring there</li> </ul>	<ul style="list-style-type: none"> <li>• Covid and wellbeing resources by the <a href="#">LGA</a></li> <li>• Derek Mowbray’s guides on <a href="#">managing personal resilience</a></li> <li>• Resources by <a href="#">Mental Health at Work</a></li> </ul>

	<p>is the physical environment to have breaks, social connection when people are virtual et</p> <ul style="list-style-type: none"> <li>• Ensuring people get some downtime.</li> <li>• Establishing team rules and norms on work patterns</li> </ul>	
<p><b>Organisational Level</b></p>	<p>The following actions should be considered:</p> <ul style="list-style-type: none"> <li>• Implementing the Thriving at Work framework</li> <li>• Ensuring leaders signal and model that mental health is taken seriously</li> <li>• Encouraging people to talk about what can be done</li> <li>• Practicing compassionate and authentic leadership – this requires having the following four components: <ul style="list-style-type: none"> <li>• Attending – paying attention to others and noticing when they are experiencing difficulties and distress</li> <li>• Understanding – making an appraisal of the cause their distress</li> <li>• Empathising – having an empathetic response</li> <li>• Helping – taking intelligent and appropriate action to provide support</li> </ul> </li> <li>• Enabling greater manager and organisational leader support which cares, values, and appreciates the workforce – this includes: <ul style="list-style-type: none"> <li>• Signaling that staff wellbeing is a priority</li> <li>• Recognising that compassion fatigue is real</li> <li>• Promoting regular honest and open communications with the workforce</li> <li>• Being visible and approachable</li> <li>• Providing feedback</li> <li>• Providing protected breaks</li> <li>• Providing environments where staff can talk openly and safely with one another</li> <li>• Thinking about your own wellbeing needs, creating a self-care plan and seeking support if you need it</li> <li>• Being open that you are doing this</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Mental Health at Work (2018) <a href="#">How to implement the Thriving at Work mental health standards in your workplace.</a></li> <li>• Other resources by <a href="#">Mental Health at Work</a></li> <li>• Derek Mowbray’s guides on <a href="#">managing personal resilience</a></li> <li>• You may want to bring in an organisation like <a href="#">Noreen Tehrani Associates</a> to do some psychological screening of employees under extreme stress and at high risk. This can then be used to inform the development of a plan, if your organisation does not already have a support programme in place.</li> </ul>

## 5. Key Skills for Tough Times: Self-Care and Self-Compassion

Self-care, self-compassion, and self-acceptance are powerful tools for maintaining resilience in tough times. They are slightly different, and they are all needed. While there are many frameworks, it is sensible to see self-compassion and self-acceptance as key dimensions within self-care.

There are multiple frameworks on self-care, but for now, here is a straightforward framework:

- Evaluate your coping skills and identify which ones are positive (e.g. down time) and which ones are negative (drinking too much, eating the wrong foods).
- Reflect on which existing strategies work for you and which don't.
- Examine whether there are barriers to self-care, what they are and what you can do about these.
- Do you need to ask for help or support of any kind?
- Each day, try to revisit and identify your daily self-care needs (and they can change day to day for many).
- Write your plan down.
- Find a self-care buddy who may notice when you are using negative rather than positive coping methods.
- Try to practice **self-acceptance** – recognise these are extraordinary and difficult times and be honest to yourself and others. It is ok to feel overwhelmed at times and focus on some things and not on others.
- Try to practice **self-compassion**. Some key components of self-compassion are:
  - Self-kindness versus self-judgement – it's ok to be imperfect.
  - Common humanity versus isolation – recognising others feel the same. Everyone is fighting a struggle we know little about. You are not alone.
  - Perspective versus over-identification – try not to over-identify with things. Put the situation into perspective and be mindful not to over-identify with negative feelings and thoughts.

These tools will work differently for different people. Some may find it difficult to apply these without a framework in which to put them. The resource section further explores the use of these tools and frameworks such as the Thriving at work programme.

## 6. For the Longer Term

While this briefing is about Covid, and the medium to long term psychological impacts of Covid, it is also important to be ready to consider longer term public mental health both for populations and workforces beyond the pandemic and beyond recovery. This section very briefly provides some tools and pointers. Beyond the immediacy of the pandemic, there is some good practice and frameworks that public health teams and workplaces can and should go on to consider and which can help embed a commitment to mental wellbeing into the organisational culture – building on some of the principles/practice noted above.

### Longer term public mental health planning

This issue raises the importance of having a public mental health framework, plan, or strategy at local level. While building such a framework is beyond the scope of this briefing, it is worth looking to see what aspects of responding to Covid can be mainstreamed into core public mental health business. Or, if you do not

have such a plan, it can provide a useful basis to start a public mental health approach. It is, though, important to have realistic ambitions and sustainable workloads. This may be more of a medium to longer term consideration.

To help create such a framework, ADPH and Public Health England (PHE) have jointly produced a What Good Looks Like [tool](#) on Public Mental Health. The Public Mental Health evidence and commissioning [guidance](#) developed by Prof. Jonathan Campion provides a detailed menu of interventions, with evidence.

### **Thriving at work: looking to the long haul and beyond**

There are multiple and often confusing and competing tools for workplace mental health. The menu of interventions above is purposive and designed to point you to things you can do now and relatively quickly. The Thriving at Work programme (which is distinct from, though analogous to, the West Midlands Thrive at Work programme) is a framework for individual and organisational work that arose from the sustained work of Porath et al.<sup>10</sup> The Stevenson/Farmer Review was commissioned by the government to ascertain how employers can better support individuals with mental health problems to remain and thrive in work.<sup>11</sup> The thriving at work framework has a series of standards: six core standards and four enhanced standards.<sup>12</sup> These are set out in the table below.

The benefit of the framework is that it is thorough, however it requires clear, dedicated resource. While it is difficult to fully implement in an organisation during a pandemic, many agencies have used these as a series of principles to provide a rapid check and assess what can they do now. It can also be very helpful as a framework to use in recovery. Another useful and brief tool for use during the pandemic, is the British Psychological Society video [Thriving when work is tough: in covid and non-covid times](#).

### **Thriving at work framework standards**

Six core standards	Four enhanced standards
<ul style="list-style-type: none"> <li>• Produce, implement and communicate a mental health plan at work</li> <li>• Develop mental health awareness among employees</li> <li>• Encourage open conversations about mental health and the support available when employees are struggling</li> <li>• Provide your employees with good working conditions</li> <li>• Promote effective people management</li> <li>• Routinely monitor employee mental health and wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>• Increase transparency and accountability through internal and external reporting</li> <li>• Demonstrate accountability</li> <li>• Improve the disclosure process to encourage openness during recruitment</li> <li>• Ensure provision of tailored in-house mental health support and signpost to clinical help</li> </ul>



## 7. Reading and Resources on Population Level Responses

The [Covid Public Mental Health Knowledge Hub Collaboration](#) is a group jointly moderated by the LGA and ADPH. Anyone working on this topic can ask to join.

[The Centre for Mental Health](#) has a range of tools including briefings on trauma:

- [Briefing 56: Trauma, mental health, and coronavirus](#)
- [Recovering at work : how businesses can support staff who may be facing trauma](#)

### Resource centres

- American Psychological Association – resources on [trauma and shock](#)
- British Psychological Society – [Crisis, Disaster and Trauma Psychology Section](#)
- British Psychological Society – [Coronavirus Resources Centre for professionals and public](#)

### Useful books for population level responses

- Regal, S. and Joseph, S. (2017) *Post-traumatic stress*. 2nd ed. Oxford: Oxford University Press.
- Southwick, S., & Charney, D. (2012). *Resilience: The Science of Mastering Life's Greatest Challenges*. Cambridge: Cambridge University Press.

### More detailed reads and books for people leading on this topic

- Goldmann, E. and Galea, S., (2014) '[Mental Health Consequences of Disasters](#)', *Annual Review of Public Health*, 35(1), pp.169-183.
- Roudini, J. *et al* (2017) '[Disaster mental health preparedness in the community: A systematic review study](#)', *Health Psychology Open*.
- Schmidt, R.W., & Cohen, S.L. (2020) *Disaster Mental Health Community Planning: A Manual for Trauma-Informed Collaboration*, New York: Routledge.

## 8. Reading and Resources on Workforce Resilience, Self-Resilience and Self-Care

### Video: Thriving when work is tough (British Psychological Society)

- [Thriving when work is tough: in covid and non-covid times - YouTube](#)

### Thriving at work framework

- DWP & DHSC (2017) [Thriving at Work: a review of mental health and employers](#)
- Mind (2018) [Thriving at Work: A guide to implementing the Thriving at Work standards](#)

### Blogs on resilience

- The LGA (2020) [Resilience and leadership during Covid-19](#)
- The Mental Health Challenge (2020) [Keeping yourself and others safe: Leadership in the age of COVID-19](#)

### Practically focused tools, training, and support

- [Derek Mowbray](#) offers managers personal guides to resilience, team guides and training. A

number of DsPH have used these because they are effective and affordable.

- [Noreen Tehrani Associates](#) provide a range of psychological screening and support including consultancy and training

## **Self-care**

- Markway, B. (2015) [Your Ultimate Self-Care Assessment.](#)
- Pearlman, L. and Saakvitne, K. (1996) [Self Care Questionnaire.](#)
- Mind (2017) [Understanding Mental Health Problems: Self Care.](#)
- Davis, T. (2018) [Self Care: 12 Ways to Take Better Care of Yourself.](#)

# Appendix 1: Life Course Impact Ready Reckoner Graphics

Public mental health and wellbeing and Covid-19 | Local Government Association

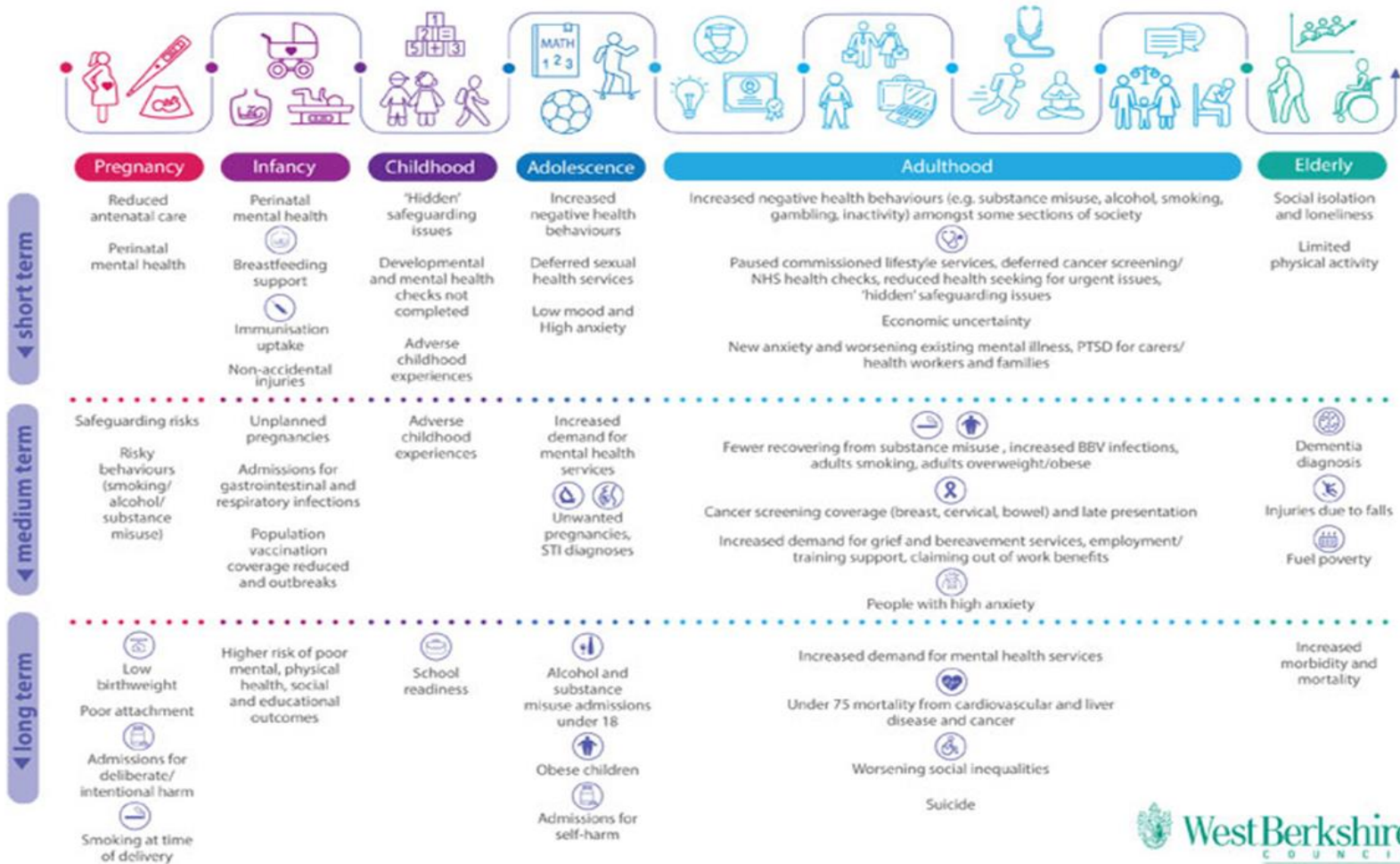
	Pre-term	0-5 years	School years	Young adults	Working age adults	Old age
<b>Key issues to consider</b>	<p>Anxiety about impact of COVID on baby</p> <p>Financial worries</p> <p>Anxiety about delivery and access to care</p> <p>Isolation</p>	<p>Coping with significant changes to routine</p> <p>Isolation from friends</p> <p>Impact of parental stress and coping on child</p>	<p>School progress and exams</p> <p>Boredom</p> <p>Anxiety or depression or other mental health problems</p> <p>Isolation from friends</p> <p>Impact of parental stress</p> <p>Carer stress</p>	<p>Self isolation at university and away from family</p> <p>Carer stress</p> <p>Difficulty accessing usual support networks</p> <p>Job and financial anxiety</p> <p>Relationship stress</p>	<p>Balancing work and home</p> <p>Being out of work</p> <p>Carer stress</p> <p>Anxiety about measures and family or dependents or children</p> <p>Financial worry</p> <p>Isolation</p>	<p>Isolation and disruption of routine</p> <p>Anxiety from being dependent on services</p> <p>Financial worry</p> <p>Fear about impact of COVID if infected</p> <p>Carer stress</p>
<b>Staff/volunteers</b>	Cumulative load of stress from significant changes. Traumatic incidents. Isolation from work colleagues. Having to manage working from home. Potential bullying from or to others as part of not coping. Frontline staff working under exceptional pressure.					
<b>Loss</b>	Loss of loved ones dying may be particularly severe and grieving disrupted because of inability to do normal grieving rites eg being physically close to dying person, have usual funeral rites, attend funeral etc.					
<b>Specific issues</b>	Impact of delayed diagnoses and treatment (eg chronic conditions, surgery, people living in pain). Suicide and self harm risk for most at risk populations. Members of faith communities may feel disconnected because of the changes to public worship. Domestic abuse may be issues across life course. Drug and alcohol issues. People reliant on foodbanks or on low incomes or self-employed may have additional stress. People with learning disabilities and/or autism will have additional needs which should be considered in detail. Student populations may have particular issues. Impact of delayed diagnoses and treatment (eg chronic conditions, surgery, people living in pain) because of backlogs or people worried about accessing health services. Impact of changes to level of restrictions in local areas.					

# Appendix 2: West Berkshire Council

Impacts of COVID-19 across the lifecourse: West Berkshire Council | Local Government Association

## Impacts of Covid-19 pandemic across the lifecourse

○ Symbol indicates PHOF indicator



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<sup>1</sup> Jim McManus is Vice-President of ADPH, a Chartered Psychologist, Fellow of the British Psychological Society and of the Chartered Institute of Personnel and Development.

<sup>2</sup> Singer, M. (2009) *Introduction to syndemics: a critical systems approach to public and community health*, San Francisco: Jossey-Bass.

<sup>3</sup> Horton, R. (2020) [Offline: COVID-19 is not a pandemic. The Lancet](#), 396(10255), p.874.

<sup>4</sup> Centre for Mental Health (2020) [Briefing 56: Trauma, mental health, and coronavirus.](#)

<sup>5</sup> Reimann, C. and König, U. (2017) [Collective Trauma and Resilience. Key Concepts in Transforming War-related Identities. Comment on: Transforming War-related Identities, Berghof Handbook Dialogue 11](#), Berlin: Berghof Foundation.

<sup>6</sup> Joli, D. and McManus, J. (2020) [Coronavirus Mini-Series #9 - Conspiracy Theories](#) (podcast) *Real World Behavioural Science*.

<sup>7</sup> Liu et al (2021) [Public mental health problems during COVID-19 pandemic: a large-scale meta-analysis of the evidence | Translational Psychiatry \(nature.com\)](#)

<sup>8</sup> LGA & ADPH (2021) [Public mental health and wellbeing and COVID-19.](#)

<sup>9</sup> Williamson et al (2021) [Moral injury: the effect on mental health and implications for treatment - The Lancet Psychiatry](#)

<sup>10</sup> Porath, C. et al. (2012) [Thriving at work: Toward its measurement, construct validation, and theoretical refinement](#) *Journal of Organizational Behavior*, 33(2) pp.250-275.

<sup>11</sup> Department for Work and Pensions (2017) [Thriving at Work: a review of mental health and employers.](#)

<sup>12</sup> Mind (2018) [Thriving at Work A guide to implementing the Thriving at Work standards in the sport and physical activity sector.](#)