International Horizon Scanning and Learning to Inform Wales' COVID-19 Public Health Response and Recovery

Report 32, 12/08/2021

Overview

The International Horizon Scanning and Learning work stream was initiated as part of the COVID-19 public health response, to support response and recovery measures and planning in Wales.

The learning and intelligence is summarised in regular reports to inform decision-making. These may vary in focus and scope, depending on the evolving COVID-19 situation and public health/policy needs. The reports focus on COVID-19 international evidence, experience, measures, transition and recovery approaches. Evidence is provided to help understand and explore solutions for addressing the on-going and emerging health, well-being, social and economic impacts (potential harms and benefits) of COVID-19.

This work is aligned with and feeds into the Welsh Government Office for Science and into Public Health Wales Gold Command. It is part of a wider Public Health Wales' systematic approach to intelligence gathering to inform comprehensive, coherent, inclusive and evidence-informed policy action, which supports the Well-being of Future Generations (Wales) Act and the Prosperity for All national strategy towards a healthier, more equal, resilient, prosperous and globally responsible Wales.

Disclaimer: The reports provide high-level summary of emerging evidence from country experience and epidemiology; research papers (peer-reviewed/not); and key organisations' guidance/reports, including sources of information to allow further exploration. The reports do not provide detailed or in-depth data/evidence analysis. Due to the novelty of COVID-19 virus and the dynamic epidemiological situation, studies, data and evidence can be conflicting, inconclusive or out-of-date very quickly depending on country/other context.

In focus this week

- **Mental health service recovery from COVID-19**
- **The impact of COVID-19 on vulnerable groups**

Contents

At a glance: summary of international learning on COVID-19

"Good mental health is critical to the functioning of society at the best of times. It must be front and centre of every country's response to and recovery from the COVID-19 pandemic."
(United Nations, Sustainable Development Group)[1]

Mental health service recovery from COVID-19

- Mental health service **disruptions were noticeable** across countries worldwide
- Some countries have included mental health services explicitly in their COVID-19 recovery plans
- The pandemic presents the **opportunity to reimagine** how **mental health services** are delivered
- **Proactive outreach programmes for those who have previously not been able to engage** are key to improving access to mental health support
- The pandemic has accelerated the development of alternative ways of working, including the **growth of digital mental health support**. This **will need to be sustained, where appropriate, to meet increasing demand**
- Additional resourcing of mental health services is needed, however, a more **fundamental change to rectify inequity in society is essential** to address population level mental well-being
- **Whole-of-society and evidence based mental health interventions** are needed with sustainable funding to support their implementation
- Data collection and management is key to **understanding unmet and emerging needs**, and planning comprehensive mental health services, but **enough trained staff are also essential to meet this need**

More information is summarised on pp. 4-11

The impact of COVID-19 on vulnerable groups

- Many **vulnerable groups experienced worse mental health outcomes** due to the pandemic than the general population, and now need mental health support to recover
- A number of groups with specific health conditions, such as the immunocompromised, continue to be affected by the pandemic. **Efforts should be made to keep vulnerable groups safe, without further exacerbating health inequity**
- **The ongoing and wider impact on the whole household** of having a person in the house that is clinically vulnerable should be recognised **and support offered to households,** for example by educational and workplaces recognising the challenges this brings
- Where reported, there was largely **patient satisfaction** with switching to **telemedicine for vulnerable groups,** where this is appropriate, this should be maintained
- Some **screening programmes** were suspended and there are backlogs to work through, work is also needed to **help people feel safe to attend for subsequent diagnostic tests** in order **to prevent further health harm**
- **Older people** are identified as a group that has **experienced a disproportionate impact** of the COVID-19 pandemic, and this was made worse **by digital exclusion**

More information is summarised on pp. 12-17

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[1] *https://unsdg.un.org/resources/policy-brief-covid-19-and-need-action-mental-health*

Mental health service recovery from COVID-19

Overview

- **This report covers the topic of mental health service recovery**. For information on the (direct and indirect) impact the pandemic on mental well-being see our previous report, published in September 2020: https://phwwhocc.co.uk/resources/international-horizon-scanning-and-learning-to-inform-wales-covid-19-public-health-response-and-recovery-22nd-september-2020/
- The ongoing COVID-19 pandemic has had **detrimental effects on health services worldwide, especially mental health services**[23]
- **Mental health services were already over stretched** and mental health support was weakly integrated in social welfare, labour and youth policies before the pandemic[4]
- Figure 1 shows evidence collated by the World Health Organization (WHO) highlighting the disruptions to mental health services globally

Figure 1: The impact of COVID-19 on mental health service provision[56]

33% of responding countries to the World Health Organisation Survey reported either complete (50%+) or partial (5-50%) disruption of mental, neurological and substance use users not served as usual.

51% of responding countries reported that the continuity of the mental, neurological and substance use services was included in their national COVID-19 response plan under essential health services.

93% of countries reported that at least one of their services for mental, neurological and substance use disorders were disrupted.
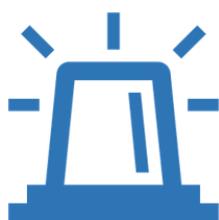
35% of responding countries reported there is some disruption of management of emergency mental, neurological and substance use manifestations.

30% of countries reported a disruption of supply of medications for people with mental, neurological and substance use disorders.

It is believed that a mix of supply and demand factors influenced these disruptions. With 76% of countries reporting reductions in outpatient services and 66% reported cancellation of elective services.

[2] *Pulse survey on continuity of essential health services during the COVID-19 pandemic: interim report, 27 August 2020 (who.int)*
[3] *The impact of COVID-19 on mental, neurological and substance use services (who.int)*
[4] *Tackling the mental health impact of the COVID-19 crisis: An integrated, whole-of-society response - OECD (oecd-ilibrary.org)*
[5] *Pulse survey on continuity of essential health services during the COVID-19 pandemic: interim report, 27 August 2020 (who.int)*
[6] *The impact of COVID-19 on mental, neurological and substance use services (who.int)*

Call for global investment in mental health

- Countries were spending on average **2% of their health budgets on mental health,** prior to the pandemic**, resulting in 'chronic underfunding'**[7]
- The WHO '*Big Event for Mental Health'* in October 2020, **called for increased global investment into mental health in the wake of the pandemic**[8]
- This call for investment was in part due to a marked **increase in the demand** for mental health services as a result of bereavement, isolation, loss of income and fear

- Countries that have explicitly committed additional funding for mental health include:[9]
  - ✓ **Australia**, providing AUD 5.7billion for mental health and aged care
  - ✓ **Canada**, investing CAD 11.5million on projects to support the mental health of particularly vulnerable Canadians
  - ✓ **Chile**, announcing that the budget for mental health would increase by 310% compared to the previous budget
  - ✓ **Ireland**, providing EUR 38million for new mental health services with an additional EUR 12million for existing needs
  - ✓ **Latvia**, diverting an additional EUR 7.12million to mental health services

- A global survey of 130 countries found that **89% of countries have mental health and psychosocial support as part of their COVID-19 response plan**, however, **only 17% of these countries have allocated additional funding** to support this[10] (figures 2 and 3)

Figure 2: Mental health and psychosocial support as part of COVID-19 response plans, by WHO region[11]

African Region (AFR)
Region of the Americas (AMR)
Eastern Mediterranean Region (EMR)
European Region (EUR)
South-East Asian Region (SEAR)
Western Pacific Region (WPR)

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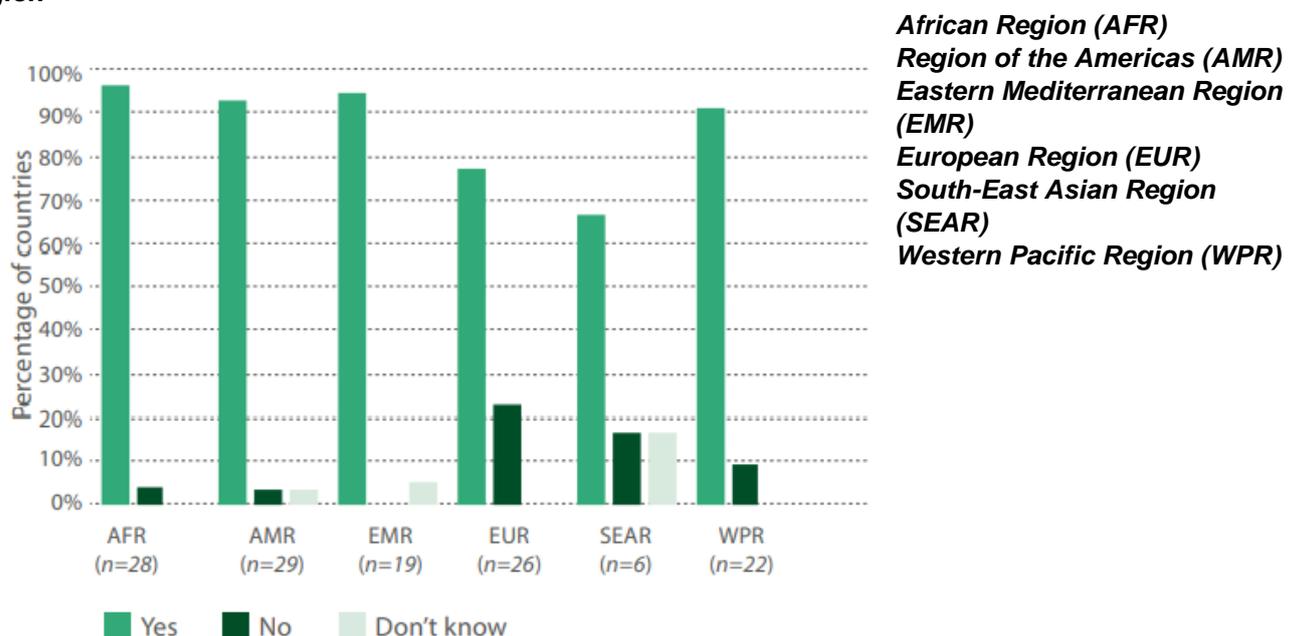
[7] *COVID-19 disrupting mental health services in most countries, WHO survey*
[8] *The Big Event for Mental Health (who.int)*
[9] *Tackling the mental health impact of the COVID-19 crisis: An integrated, whole-of-society response - OECD (oecd-ilibrary.org)*
[10] *The impact of COVID-19 on mental, neurological and substance use services (who.int)*
[11] *The impact of COVID-19 on mental, neurological and substance use services (who.int)*

Figure 3: Funding for Mental health and psychosocial support as part of COVID-19 response plans, by WHO region[12]

African Region (AFR)
Region of the Americas (AMR)
Eastern Mediterranean Region (EMR)
European Region (EUR)
South-East Asian Region (SEAR)
Western Pacific Region (WPR)

Mental Health and Psychosocial Support (MHPSS)
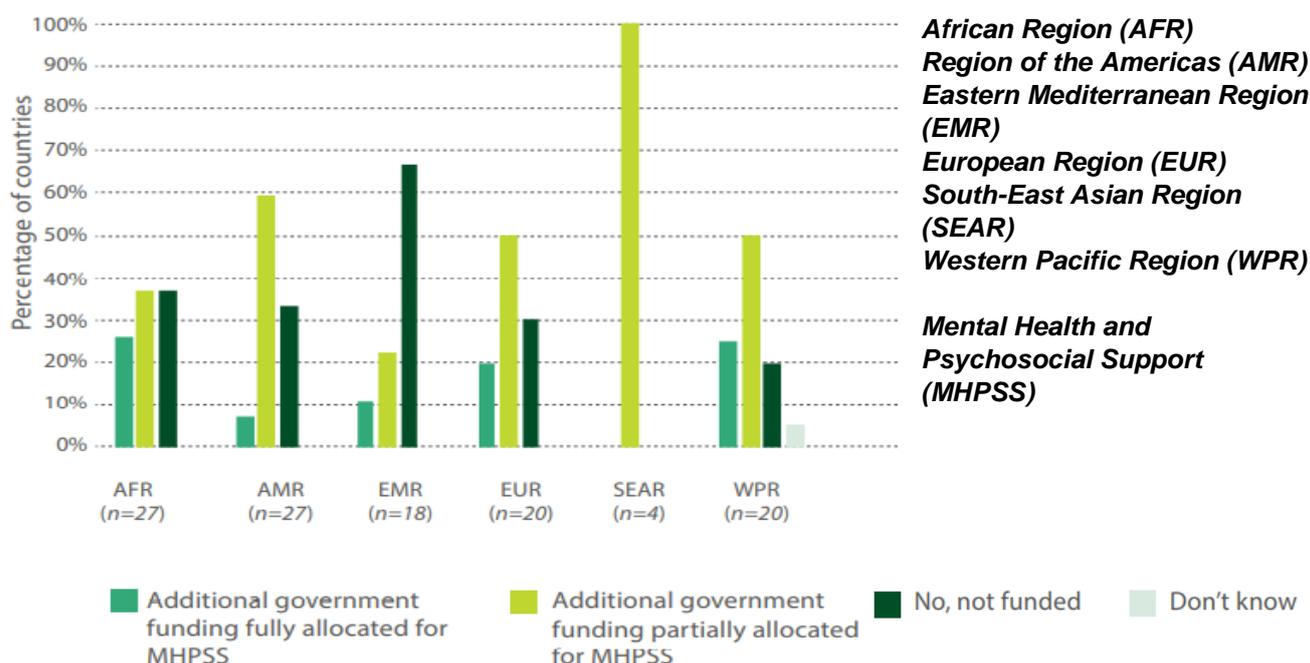
Improving access to mental health services

The **United Nations (UN) recommends improved access to mental health care** in order to minimise the consequences of the pandemic with three key areas for improvement:[13]

1. Applying a **whole-of-society approach** to promote, protect and care for mental health
2. Ensuring **widespread availability of emergency mental health** and psychosocial support
3. **Supporting recovery** from COVID-19 by building mental health services for the future

- Moving into recovery, there is a need to deliver stronger, **more integrated mental health policies** integrated into **social welfare**, **labour** and **youth** policies. Reducing stigma and assuring support will be essential to meet the increasing demand[14]
- A similar emphasis on access to mental health services is given by the WHO European Region, with the following recommendations to Member States:[15][16]
  ✓ Enable **access to culturally adapted, evidence-based interventions** to increase resilience and help people to cope with stress and loneliness
  ✓ Promote, **support and embed psychological support initiatives in the workplace**, and provide occupational and/or financial support to those prevented from or not working, or in the process of returning to work

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[12] *The impact of COVID-19 on mental, neurological and substance use services (who.int)*
[13] *UN-Policy-Brief-COVID-19-and-mental-health.pdf*
[14] *Tackling the mental health impact of the COVID-19 crisis: An integrated, whole-of-society response - OECD (oecd-ilibrary.org)*
[15] *TAG-mental-health-COVID-19-recommendations-eng.pdf (who.int)*
[16] *Microsoft Word - WHO-EURO-2021-2845-42603-59267-eng (003).docx*

Country Insights
Learning from Low Income and Middle Income Countries

- **Most of the global population live in low-income and middle-income countries** (LMICs). **The learning from LMICs is relevant** for the mental health of populations and functioning of health systems in not only LMICs but also **high-income countries impacted by the COVID-19 pandemic, with wide disparities in quality of and access to mental health care**, see Figure 4[17]

Figure 4: Mental health responses to COVID-19 in low-income and middle-income countries[18]
MHPSS=mental health and psychosocial support
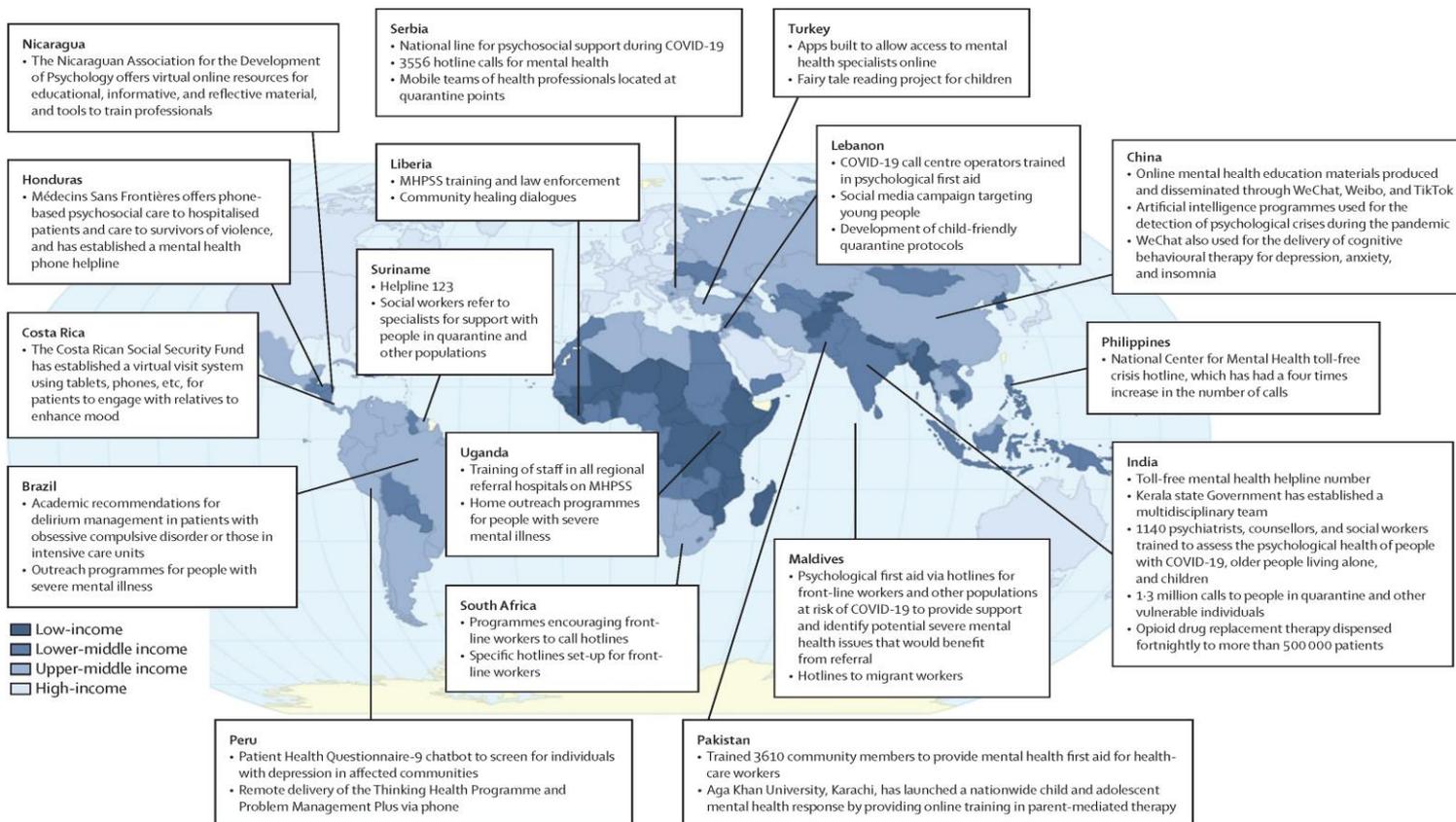
Learning from High Income Countries
Germany

- A report by the German Hospital Institute (DKI)[19] presents the results of the PSYCHIATRIC Barometer[20] with 312 facilities taking part across the country. Data shows (from March until June 2020) that the **utilisation of services delivering adult psychiatry, child and adolescent psychiatry and psychosomatic medicine decreased significantly** compared to the same period in the previous year
- Overall, the semi-inpatient areas were more affected than the fully inpatient areas

[17] *COVID-19 mental health impact and responses in low-income and middle-income countries: reimagining global mental health (thelancet.com)*
[18] *COVID-19 mental health impact and responses in low-income and middle-income countries: reimagining global mental health - The Lancet Psychiatry*
[19] *https://www.dki.de/sites/default/files/2021-07/202106_Final_Psych-Barometer_komprimiert.pdf*
[20] *an information and analysis tool for psychiatric care in Germany*

- A study[21] analysed data from 'Telefonseelsorge' (the largest German telephone counselling helpline service) showing that the demand for **services increased by 20% in the first week of lockdown**[22]
- Evidence from Germany suggests **adjusting current mental health interventions** (especially preventative interventions) to counteract the increase in mental health issues in the population due to the COVID-19 pandemic including:[23]
  - ✓ implementation of universal and modular prevention services
  - ✓ adaptations of evidence-based psychotherapies in terms of need, content and modality

Italy
- A survey conducted by the Italian Society of Psychiatry found that, as of April 2020, **14% of community mental health centres had been closed**, and **25% had reduced their hours of access**[24]
- **The majority (75%) of scheduled psychiatric consultations have been replaced by remote contact, consisting of phone calls, video calls or emails**
- Measures implemented during the pandemic can be taken forward to improve mental health services for the future, these include:[25]
  - ✓ A "stepped care" approach to ensure access to mental health services
  - ✓ Conducting **clinical interviews via internet or by telephone** for a faster, practical, and friendly approach
  - ✓ **Favouring online treatments and expanding self-help activities**
  - ✓ **A transition to services combining "real" and "virtual" activities**

New Zealand
- New Zealand has produced a **dedicated mental health recovery plan**[26]
- This plan was developed based on six guiding principles: **People and whānau centred, community-led, uphold Te Tiriti o Waitangi, achieve equity, protect human rights and work together**. These principles guide five focus areas for action, which are to:
  - ✓ collectively build the **social and economic foundations** for psychosocial and economic well-being
  - ✓ **empower community-led solutions**
  - ✓ **equip people to look after their own mental well-being**
  - ✓ strengthen **mental health and addiction supports** in communities
  - ✓ **support specialist mental health and addiction services**

Australia
- The Australian government introduced additions to the Medicare Benefits Schedule (MBS), a **listing of the Medicare services subsidised by the Australian Government, this included mental health services** provided by General Practitioners (GP), psychiatrists, psychologists and other allied health workers:[27]
- Between 16 March 2020 and 25 April 2021, over **15 million** MBS-subsidised **mental health-related services were processed nationally**
- A report from mental health services in Australia (MHSA) found that MBS mental health **services delivered via telephone or videoconference peaked during April 2020 with roughly half being delivered via telehealth** (figure 5)[28]

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[21] https://www.econstor.eu/bitstream/10419/218885/1/1698957106.pdf
[22] In this study, we focus on Germany, where various social-distancing policies were enacted on the national level as well as by the 16 federal states. The majority of shops were closed on March 17th, and on Sunday, March 22nd, Germany implemented national-wide social distancing and contact restrictions (further referred to as the "lockdown week")
[23] https://psychologie.uni-greifswald.de/storages/uni-greifswald/fakultaet/mnf/psychologie/Positionspaper.pdf
[24] Mental health services in Italy during the COVID-19 pandemic - Carpiniello - 2020 - Psychiatry and Clinical Neurosciences - Wiley Online Library
[25] JPX956857 642..644 (nih.gov)
[26] https://www.health.govt.nz/system/files/documents/publications/covid-19-psychosocial-mental-wellbeing-recovery-plan-15may2020.pdf
[27] Mental-health-impact-of-COVID-19.pdf.aspx (aihw.gov.au)
[28] Mental-health-impact-of-COVID-19.pdf.aspx (aihw.gov.au)

Figure 5: Proportion of Medicare Benefits Schedule mental health services delivered by telehealth, by week of processing, January 2020-April 2021[29]
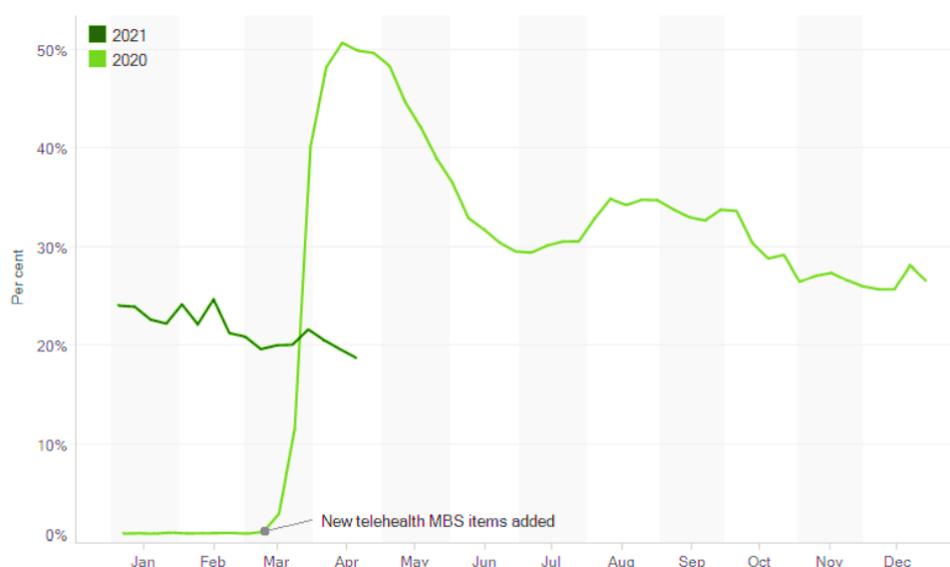
Note: Data points represent week commencing date.
Source: Medicare Benefits Schedule data.

- The Australian Government published the **'national mental health and well-being pandemic response plan'** in March 2020. The plan provides a framework for the country's mental health response to, and recovery from, the COVID-19 pandemic[30]
- The following changes are suggested to improve mental health care, post pandemic:
    1. **Improve data collection/analysis** in order to help better guide changes to mental healthcare moving forward
    2. Implement **pro-active outreach programmes to ensure access** to mental health services **for those who have previously not been able to engage**
    3. **Provide rapid and connected pathways** to support to ensure accessibility of care
- The immediate focus of the framework is placed upon **monitoring the mental health impact of COVID-19, improving service coordination and ensuring a continuity of care**

United States
- Mental Health America (MHA) reported a **93% increase in people taking their anxiety screening test and 62% increase in people taking the depression screening test** between January and September 2020 when compared with 2019 as a whole[31]
- The number of people screening with moderate to severe symptoms of depression and anxiety has continued to increase throughout 2020 and remains higher than rates prior to COVID-19[44]
- The pandemic seems to have **negatively impacted women's mental health** more severely; **the existing gender gap in mental health has increased by 66%**[32]
- Amongst individuals screened for anxiety and/or depression the **three most prominent factors** contributing to mental health symptoms were noted as **loneliness/isolation, coronavirus and current events** (figure 6)[33]

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[29] *Mental-health-impact-of-COVID-19.pdf.aspx (aihw.gov.au)*
[30] *National Mental Health and Wellbeing Pandemic Response Plan (mentalhealthcommission.gov.au)*
[31] *The State of Mental Health in America | Mental Health America (mhanational.org)*
[32] *cwpe2037.pdf (cam.ac.uk)*
[33] *The State of Mental Health in America | Mental Health America (mhanational.org)*

Figure 6: Top three mental health concerns May-September 2020
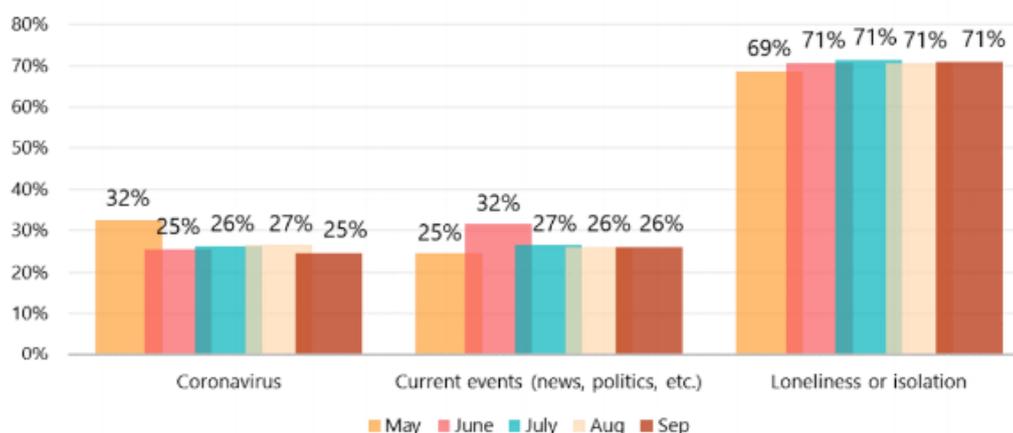
- More people are reporting **frequent thoughts of suicide and self-harm than have ever been recorded in the MHA Screening program since its launch in 2014 and the rates are highest in young people, especially young LGBTQ+ people**
- **'Deaths of despair'**, defined as deaths due to alcohol, drug use and suicide, **are predicted to rise** in the wake of COVID-19[34]
- To reduce the predicted rise in deaths of despair in the COVID-19 recovery phases the following actions have been suggested:
    - ✓ Providing **meaningful employment** opportunities
    - ✓ **Reduce isolation** and improve **community connection**
    - ✓ **'Test trace and track'** mental health problems and substance abuse disorders
    - ✓ **Reduce levels of uncertainty** and provide clear evidence
    - ✓ Offer a **vision for the future**
    - ✓ Support creative opportunities to **improve access to care**

Recommendations

Seven key themes have been identified across international policy to enable mental health recovery through a scoping review:[35]
1. **Tackling social inequalities through income**
    - ✓ Many governments introduced payment schemes throughout the pandemic to minimise the adverse mental health impact of income insecurity
    - ✓ Basic income could help reduce financial insecurity and support at risk communities
2. **Increasing use of digital technologies in healthcare and mental health-care**
    - ✓ The ability to implement and access such interventions is not equal. More than 80% of high income countries reported use of telemedicine/tele-therapy during the pandemic compared to 50% of low income countries[36]
        - • An adolescent and young adult clinic in **San Francisco** replaced most in-person visits with telemedicine during the pandemic[3738]
        - • In **Qatar**, telephone/video medical consultations were provided to allow patients virtual consultations with their doctors[39]

[34] *WBT_Deaths-of-Despair_COVID-19-FINAL-FINAL.pdf (wellbeingtrust.org)*
[35] *A scoping review of international policy responses to mental health recovery during the COVID-19 pandemic - PubMed (nih.gov)*
[36] *COVID-19 disrupting mental health services in most countries, WHO survey*
[37] *The COVID-19 Pandemic and Rapid Implementation of Adolescent and Young Adult Telemedicine: Challenges and Opportunities for Innovation - Journal of Adolescent Health (jahonline.org)*
[38] *A scoping review of international policy responses to mental health recovery during the COVID-19 pandemic - PubMed (nih.gov)*
[39] *A scoping review of international policy responses to mental health recovery during the COVID-19 pandemic - PubMed (nih.gov)*

- In **Indonesia** the government launched the 'healthy mind' counselling hotline service providing accessible consultations via a trained, volunteer workforce[40]

3. **Voluntary action**
   - ✓ Community responses during the pandemic have highlighted the importance of a sense of connection to a place or community
     - The 'together' movement in **Singapore** encouraged residents to contribute their time, resources and ideas to help support the most vulnerable populations[41]

4. **Co-production and lived experiences**
   - ✓ Countries should use lived experience to drive change quickly
     - The 'Our Tomorrows' story bank enabled young **Kansas** residents to share their experiences of COVID-19. The data informs interventions and provides an insight into real-time population well-being[42]
     - **Singapore** 'stories of us' campaign provides a platform to share lived experiences of the pandemic and helped to enhance connections across the community[43]

5. **Improving data quality and collection**
   - ✓ Countries should monitor changes in mental health at population level through valid, standardised and comparable measures and instruments[44][45]

6. **Increased physical activity**
   - ✓ There is strong evidence of the benefits of physical activity to both prevent and treat mental ill health[46]
   - ✓ Recovery presents an opportunity to transform public transport to help promote more active and sustainable ways to commute/travel

7. **Focus on 'at risk' groups**[47][48]
   - ✓ Countries should increase access to educational support for learning loss, mental health and psychosocial support in schools and universities
   - ✓ 'Emergency preparedness' guidance should be developed and communicated for people with disabilities and in long-term care, to ensure continued access to care and support

[40] COVID-19 mental health impact and responses in low-income and middle-income countries: reimagining global mental health (thelancet.com)
[41] Singapore Together
[42] Share A Story | Kansas Children's Cabinet and Trust Fund (kschildrenscabinet.org)
[43] About Us – Stories Of Us
[44] TAG-mental-health-COVID-19-recommendations-eng.pdf (who.int)
[45] Microsoft Word - WHO-EURO-2021-2845-42603-59267-eng (003).docx
[46] https://pubmed.ncbi.nlm.nih.gov/30257806/
[47] TAG-mental-health-COVID-19-recommendations-eng.pdf (who.int)
[48] Microsoft Word - WHO-EURO-2021-2845-42603-59267-eng (003).docx

The impact of COVID-19 on vulnerable groups

Overview

- During the COVID-19 pandemic, some individuals were identified as 'Clinically Vulnerable' (CV) i.e. people most at risk of getting seriously ill. This group were asked to 'shield' for their own protection. The extended time periods spent in isolation, and the disruption to daily routines, has had a profound impact on this population[49]
- In the UK, **CV populations were generally at greater risk of deterioration in health and social well-being** compared with those not classified CV in the same age group.[47] **Shielding individuals also reported increased anxiety, depression, poor self-rated health and receipt of formal care as well as decreases in well-being and physical activity compared with those not CV and not shielding.[47]**
- Despite some commonalities between the different clinically vulnerable groups, there were **differential impacts depending on the circumstances**, see table 1
- Please note that unless stated, all evidence in this section is based on UK evidence

Table 1: Summary of the impact on vulnerable groups

Patients with **Renal Disease** reported:[50]
- **Physical activity, well-being and quality of life** in 'extremely clinically vulnerable' patients were found to have been **hindered due to lockdown**
- Patients receiving **in-centre Haemodialysis reported detrimental impacts** to their well-being and medical care
- Patients receiving Haemodialysis at home reported little change to their day-to-day lives
- **Use of telemedicine was found to provide satisfactory patient care**, although a minority reported feeling less reassured via remote clinics
- 84% of patients reported feeling that they were able to access the support they required during the pandemic[51]
- In Portugal, patients reported **negative psychosocial impacts** and an increase in negative treatment behaviours – including managing dietary restrictions[52]
- Patients in the USA reported high levels of concern for the pandemic's impact on their **mental and emotional health, as well as interpersonal relationships**[53]

Young adults, and parents of children with **kidney conditions** reported:[54]
- Detrimental **impact on education and work opportunities**
- **Lost socialising and career opportunities**
- **Concerns over parents infecting their children** with kidney conditions, and other **detrimental impacts to other children in the home** as a result

Patients with **Cystic Fibrosis** reported:[55]
- While patients reported **high levels of compliance** to shielding orders, they also reported **high levels of disruption to their daily lives**
- **Clinically significant anxiety rates rose from 27% pre-COVID-19 to 54%** during the pandemic
- Depression scores were low and remained stable

Patients, and those caring for patients, of **Sickle Cell Disease (SCD)** reported:[56]
- **Worsened mental health and concerns for their carers**
- Parents of patients with SCD reported difficulties in combining working from home while fulfilling care duties
- **Both patients and parents reported a lack of understanding from employers on why they were unable to work due to SCD**

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[49] Social isolation and loneliness among older people: advocacy brief (who.int)
[50] Understanding the Impact of Initial COVID-19 Restrictions on Physical Activity, Wellbeing and Quality of Life in Shielding Adults with End-Stage Renal Disease in the United Kingdom Dialysing at Home versus In-Centre and Their Experiences with Telemedicine
[51] SUPPORT FOR CHRONIC KIDNEY DISEASE PATIENTS DURING COVID-19: PERSPECTIVES FROM PATIENTS, FAMILY AND HEALTHCARE PROFESSIONALS
[52] Being on hemodialysis during the COVID-19 outbreak: A mixed-methods' study exploring the impacts on dialysis adequacy, analytical data, and patients' experiences
[53] Psychosocial Impact of COVID-19 Pandemic on Patients with End-Stage Kidney Disease on Hemodialysis
[54] COVID-19: experiences of lockdown and support needs in children and young adults with kidney conditions
[55] The impact of COVID-19 shielding on the wellbeing, mental health and treatment adherence of adults with cystic fibrosis
[56] Ask me if I am okay: COVID-19 and the psychological and social impact of long-term shielding experiences of people with sickle cell disorders and their care givers

In patients with **Rheumatic Disease**:[57]
- 47% of respondents reported being at high risk of COVID-19 and had been asked to shield - **Clinically vulnerable respondents had worse mental and physical health** scores - **BAME and female respondents reported worse mental health** as a result of lockdown - Patients with inflammatory arthritis, who had changes to their clinical care as a result of the pandemic, reported significantly **worse pain, fatigue and emotional distress**[58] - Inflammatory arthritis patients also commonly reported negative health behaviours as a result of lockdown, including **difficulties with medication adherence, physical activity and diet**[59]
Patients with **Myeloma** reported:[60]
- Decreased quality of life as a result of lockdown, although a majority reported good quality of life overall - COVID-19-related **anxiety and depression were common**, with many reporting distress at being housebound - While **high rates of anxiety/depression** were reported, **7·2% considered this to be severe** or extreme - Of the respondents who accessed **telemedicine, a majority reported good or satisfactory experiences, with a positive being the convenience to patients** - **Those dissatisfied with the telemedicine** services reported that they believed it to be less effective than face-to-face appointments, **difficult to understand** information via telephone and **feeling less reassured after calls**
Patients with **Asthma** reported:[61]
- Concern about the impacts of isolation on their **mental well-being** - Improved health awareness and consciousness as a result of being classed as vulnerable - **Trying new ways to remain active** while at home, as a result of **feeling less safe about exercising outside**
Patients with **Complex Obesity** reported:[62]
- Detrimental impacts to **mental health** as a result of lockdown - 55% reported an **unhealthier diet** - 61% reported **reduced physical activity** - 80% reported **worsened sleep quality** - **Higher depression and lower well-being** scores
Patients with **Lupus** reported:[63]
- **High levels of anxiety regarding mortality risk** from COVID-19 - Shielding allocations and communications were perceived as inconsistently applied and delivered - More than half of **those not classified as Clinically Extremely Vulnerable reported feeling abandoned**, at increased risk and with no support - **Shielding communications increased feelings of being 'cared about', but also increased fear** - **'Vulnerable' labelling was perceived by some to damage social and self-identity**

Cancer care

The COVID-19 pandemic had an impact on both Cancer screening (table 2) and cancer treatment. A scoping review[64] on **cancer care in the early stages of the pandemic found**:

- **Delays/deferrals were common across all treatment modalities** (surgery: 50%, systemic therapy: 55.8%, radiotherapy: 56.7%)
- **26.4% reported reductions in outpatient visits**
- **57.1% reported reductions in surgical capacity**

[57] *Initial Impact of COVID-19 on health related quality of life in patients with Rheumatic Diseases from an evaluation of 1,727 patients: BAME and Female patients are at higher risk*
[58] *The impact of COVID-19 lockdown on clinical care, self-management, and mental health in patients with inflammatory arthritis*
[59] *Exploring the impact of COVID-19 on self-management and healthcare provision in people with Inflammatory Arthritis: A qualitative study*
[60] *The psychosocial impact of the COVID-19 pandemic on patients with monoclonal gammopathy of undermined significance, smouldering and active myeloma: findings from an international survey*
[61] *The effects of social distancing and self-isolation during the COVID-19 pandemic on adults diagnosed with asthma: A qualitative study*
[62] *Negative impact of the first COVID-19 lockdown upon health-related behaviours and psychological wellbeing in people living with severe and complex obesity in the UK*
[63] *COVID-19 and shielding: experiences of UK patients with lupus and related diseases*
[64] *Impact of the early phase of the COVID pandemic on cancer treatment delivery and the quality of cancer care: a scoping review and conceptual model*

Table 2: Impact of pandemic on Cancer screening programmes[65]

Country	Screening Type	Findings
Belgium[66]	Histological and cytological samples, immunohistochemistry and molecular tests	Histological and cytological workup of colon biopsies, breast biopsies, and cervical cytology were reduced by fear of COVID-19 infection
Canada[67]	Breast and Colorectal	A three-month interruption resulted in 644,000 fewer screens
Netherlands[68]	Gastrointestinal endoscopy	Gastroscopies and colonoscopies fell by 57% and 45% respectively
United States	Breast	Breast surgery (20.5%), breast imaging (61.7%), and genetic consultations dropped to 39.9% of the pre-COVID-19 weekly average[69]
	Lung	Annual and baseline screening volumes were reduced by approximately 72% and 78% respectively[70]
	Breast, Colon, Lung	Screenings for breast, colon, prostate, and lung cancers were reduced by 85%, 75%, 74%, and 56% respectively. Reduced biopsy rates were also observed in April and July for breast (−71% and −31%), colon (−79% and −33%), and lung (−58% and −47%) cancer.[71]

A review of the pandemic's impact on **Breast Cancer** patients specifically[72] found that:
- In the USA, nearly 4 out of 10 patients said the **economic changes** from the pandemic affected their ability to pay for medical care[73]
- In the USA, **29% of patients delayed or avoided going to the emergency room in March/April 2020 in order to avoid COVID-19 exposures**, while **four out of five patients feared contracting COVID-19 if they attended appointments**[74]
- In Italy, during the first wave, there was a **significant increase in patients refusing to undergo diagnostic appointments and breast biopsies** at a major cancer centre[75]

The impact on older people during the COVID-19 pandemic
A UK wide survey of the **shielding population** aged 75 years or over found that:[76]
- Most participants reported good health, with low levels of health anxiety, anxiety and depression
- Approximately **one in four reported experiencing loneliness** at least some of the time
- A majority reported undertaking some physical exercise, although **20% reported undertaking no exercise** and **42% were less physically active compared to pre-pandemic**
- Many were able to identify positive aspects to lockdown, with the **ability to enjoy their own garden** as an often cited example

[65] *Has COVID-19 Affected Cancer Screening Programs? A Systematic Review*
[66] *The Impact of the COVID-19 Pandemic and the Associated Belgian Governmental Measures on Cancer Screening, Surgical Pathology and Cytopathology*
[67] *The impact of episodic screening interruption: COVID-19 and population-based cancer screening in Canada*
[68] *Impact of the COVID-19 pandemic on gastrointestinal endoscopy in the Netherlands: analysis of a prospective endoscopy database*
[69] *Breast imaging, breast surgery, and cancer genetics in the age of COVID-19*
[70] *Operational Challenges of a Low-Dose CT Lung Cancer Screening Program During the Coronavirus Disease 2019 Pandemic*
[71] *Impact of COVID-19 on Cancer Care: How the Pandemic Is Delaying Cancer Diagnosis and Treatment for American Seniors*
[72] *The Impact of the COVID-19 Pandemic on Breast Imaging*
[73] *When a global pandemic complicates cancer care*
[74] *AMERICAN COLLEGE OF EMERGENCY PHYSICIANS: COVID-19*
[75] *Breast Cancer and COVID-19: The Effect of Fear on Patients' Decision-making Process*
[76] *Life in lockdown: a telephone survey to investigate the impact of COVID-19 lockdown measures on the lives of older people (≥75 years)*

Further studies have identified that older people are disproportionately affected by the **social impact of the COVID-19 pandemic resulting in increased loneliness and social exclusion**[77][78]

- Non-pharmaceutical interventions (NPI's) such as shielding and social distancing have altered older people's **daily routines** including the care and support they receive as well as their **social connections**[79]
- **Social isolation and loneliness** in older people has been **linked to negative health outcomes such as poor physical and mental health**[80] with evidence suggesting that social distancing has worsened the pre-existing loneliness and social isolation in older adults[81]
- An advocacy toolkit describes the overall consequences of social isolation and loneliness among older people[82] (figure 7)

Figure 7: Consequences of social isolation and loneliness
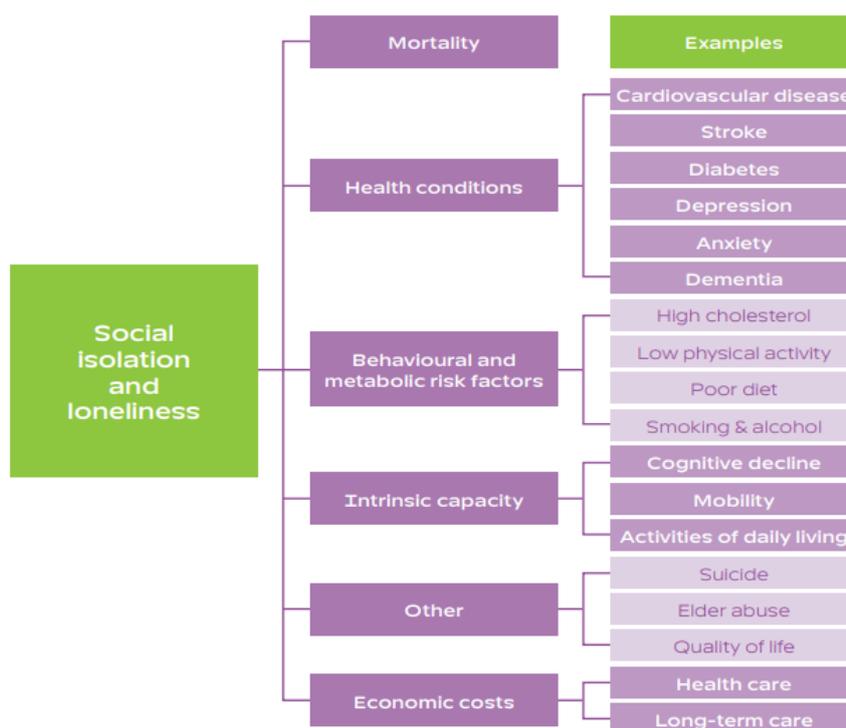
Studies from around the world show an **association between the COVID-19 pandemic and a decrease in mental well-being,** especially the **feeling of loneliness**:

- A prospective cohort study[83] of older adults with multi-morbidity in primary care compared mental health and health service utilisation outcomes with outcomes before the onset of the COVID-19 outbreak in Hong Kong. Results suggest that **psychosocial health notably declined** after the COVID-19 outbreak, the study suggests that **being female, living alone, and having more chronic conditions were associated with a higher risk of a decline in mental health**
- A study conducted in Switzerland[84] explored the association between loneliness and different time phases of the COVID-19 pandemic. The results suggest the pandemic

[77] *Older people and COVID-19: Isolation, risk and ageism - Brooke - 2020 - Journal of Clinical Nursing - Wiley Online Library*
[78] *'An invisible human rights crisis': The marginalization of older adults during the COVID-19 pandemic – An advocacy review (nih.gov)*
[79] *Older people and COVID-19 (who.int)*
[80] *Social isolation and loneliness among older adults in the context of COVID-19: a global challenge (nih.gov)*
[81] *'An invisible human rights crisis': The marginalization of older adults during the COVID-19 pandemic – An advocacy review (nih.gov)*
[82] *Social isolation and loneliness among older people: advocacy brief (who.int)*
[83] *bigpnov-2020-70-700-e817-oa.pdf (nih.gov)*
[84] *Impact of the COVID-19 Pandemic on Loneliness Among Older Adults (nih.gov)*

has affected older adults' loneliness, **with women, lower-income individuals, individuals living alone, individuals with no children, and individuals unsatisfied with their contact with neighbours, more likely to report greater loneliness.** Figure 8 shows the mean loneliness scale score for each time phase, loneliness increased from the first to third phase and then decreased

Figure 8: Mean Loneliness Score for four time phases of the COVID-19 pandemic[85]
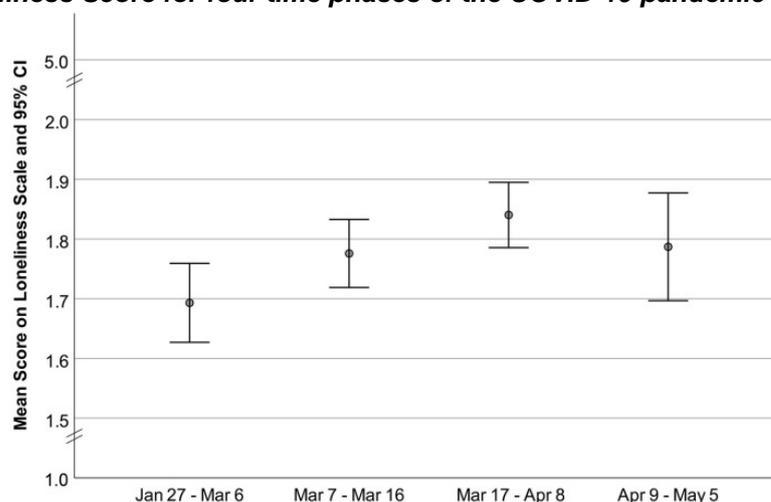
- A cross-sectional study undertaken in Greece[86] found that (in adults aged 60 or over) a significant proportion reported moderate to severe **depressive symptoms** (81.6%), moderate to severe **anxiety symptoms** (84.5%), as well as **disrupted sleep** (37.9%) with **women reported significantly higher levels of COVID-19–related fear, more severe depressive symptoms and sleep disturbances**

Approaches to decrease social isolation and loneliness in the older population

Evidence suggests that social isolation and loneliness can be reduced through **face-to-face or digital interventions** such as **cognitive behaviour therapy**, **social skills training** and **befriending**; by **improving infrastructure** (e.g. transport, digital inclusion, built environment) and **promoting age-friendly communities**; and **addressing ageism, inequality and the digital divide**.

Types of intervention that prove successful include those that: [87]
- **promote social connection** as public health messaging
- **mobilise** the resources from **family members**
- **use community-based networks** and resources
- **use innovative technology-based interventions** to improve social connections
- These interventions must **ensure that older adults are included as stakeholders** in their health decisions[88]

Figure 9 presents interventions and strategies to reduce social isolation and loneliness among older people, and table 3 highlights interventions that are recommended in the available international evidence.

85 *Impact of the COVID-19 Pandemic on Loneliness Among Older Adults (nih.gov)*
86 *Intolerance of Uncertainty and Loneliness in Older Adults During the COVID-19 Pandemic (nih.gov)*
87 *Social isolation and loneliness among older adults in the context of COVID-19: a global challenge (nih.gov)*
88 *'An invisible human rights crisis': The marginalization of older adults during the COVID-19 pandemic – An advocacy review (nih.gov)*

Figure 9: Interventions and strategies to reduce social isolation and loneliness[89]

Table 3: Recommendations to prevent social isolation and loneliness of older people during the COVID-19 pandemic

Intervention	Examples
Technology and virtual communication to enhance social connections	**Recognition of the age based digital divide** leading to inequalities in access to new technology[90] Development of more **person-centred digital applications** with the input from older adults and their family members[91] **Active provision of support** to older people's family, friends, and neighbours, such as providing companionship, giving comfort, cooking meals, and shopping for others. For example, in care homes, family and staff can play an essential role in helping residents socially connect through technology, such as video and social media[92][93] **Digital literacy** among older people is essential with the provision of simple written instructions and/or recorded messages to support the transition to digitization of services during the pandemic and allow effective virtual communication[94][95] **Social media** or use of video calling software as an alternative for social engagement might help combat loneliness and social isolation in older adults but further research is needed,[96][97] however, digital exclusion is high among older people, particularly in developing countries[98]
Re-thinking of the **healthcare systems** to deliver essential services during the pandemic to avoid increased levels of stress	Health services are in a good position to **identify older people at highest risk** of social isolation and loneliness and use these findings to develop appropriate clinical and public health interventions for patients[99] **Prioritization of older people** in health care to overcome barriers in the pathways to care that older adults face[100] **Contingency for emergencies** in older people such as falls, injuries or a sudden worsening of their medical condition[101] Ensuring **continuity of delivery of care** for other medical conditions such as alternate modalities of care delivery (such as tele-medicine)[102]

[89] https://www.who.int/publications/i/item/9789240030749
[90] The Effects of COVID-19 Among the Elderly Population: A Case for Closing the Digital Divide (nih.gov)
[91] Social Isolation and Loneliness in Older Adults: Opportunities for the ... - National Academies of Sciences, Engineering, and Medicine, Division of Behavioral and Social Sciences and Education, Health and Medicine Division, Board on Behavioral, Cognitive, and Sensory Sciences, Board on Health Sciences Policy, Committee on the Health and Medical Dimensions of Social Isolation and Loneliness in Older Adults - Google Books
[92] Are contributory behaviors related to culture? Comparison of the oldest old in the United States and in China | SpringerLink
[93] 'An invisible human rights crisis': The marginalization of older adults during the COVID-19 pandemic – An advocacy review (nih.gov)
[94] 'An invisible human rights crisis': The marginalization of older adults during the COVID-19 pandemic – An advocacy review (nih.gov)
[95] Social Isolation and Loneliness of Older Adults in Times of the COVID-19 Pandemic: Can Use of Online Social Media Sites and Video Chats Assist in Mitigating Social Isolation and Loneliness? (nih.gov)
[96] Social Isolation and Loneliness of Older Adults in Times of the COVID-19 Pandemic: Can Use of Online Social Media Sites and Video Chats Assist in Mitigating Social Isolation and Loneliness? (nih.gov)
[97] 'An invisible human rights crisis': The marginalization of older adults during the COVID-19 pandemic – An advocacy review (nih.gov)
[98] Emerging from COVID-19: prioritising the burden of loneliness in older people (nih.gov)
[99] Social isolation and loneliness among older adults in the context of COVID-19: a global challenge (nih.gov)
[100] 'An invisible human rights crisis': The marginalization of older adults during the COVID-19 pandemic – An advocacy review (nih.gov)
[101] 'An invisible human rights crisis': The marginalization of older adults during the COVID-19 pandemic – An advocacy review (nih.gov)
[102] 'An invisible human rights crisis': The marginalization of older adults during the COVID-19 pandemic – An advocacy review (nih.gov)

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