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

Summary Report
The Impact of COVID-19 on Mental Health and Increasing Vulnerability

March 2022

Contents

"The pandemic will be over, but its effects on mental health and well-being of the general population, health professionals, and vulnerable people will remain for a long time."
(Cambridge University Press, 2020)[1]

Executive Summary

The COVID-19 pandemic has posed challenges to societies, health systems and decision-makers worldwide and has resulted in long-term economic, social and health and well-being impacts. Mental health has been negatively affected across all-age groups exacerbating existing health inequalities. This document collates and summarises the evidence from the International Horizon Scanning and Learning reports on the direct and indirect impact of COVID-19 on mental health and mental health services.

Key messages

The COVID-19 pandemic has had a long-lasting impact on mental well-being, affecting the most vulnerable in our society disproportionately, and exacerbating existing health inequalities.

Healthcare systems have been severely disrupted (especially in the early waves of the pandemic) with mental health services being closed and treatments delayed or even cancelled.

Taking an intergenerational lens in the pandemic response and recovery measures related to mental health focussed on the most vulnerable will help to build stronger and more sustainable mental health services for all.

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1   The consequences of the COVID-19 pandemic on mental health and implications for clinical practice | European Psychiatry | Cambridge Core

Purpose

The **purpose of this report** is to present all the international evidence and insights on mental health impacts from the International Horizon Scanning Learning Reports[2] published between May 2020 and December 2021.

The relevant international evidence was collated, synthesised and is summarised and presented in four sections:

- The impact of COVID-19 on mental health
- The impact of COVID-19 on mental health services
- The impact of COVID-19 on the economy and mental health
- The impact of COVID-19 on mental health of specific population groups

The evidence is presented in this report as it was summarised at the time of publication. Some of the evidence may therefore be outdated, please always check the accuracy of the data and information presented before further utilisation. References are provided for this purpose throughout this report.

The International Horizon Scanning and Learning Reports[3]

The International Horizon Scanning and Learning work was initiated in April 2020 to **support the COVID-19 public health response and recovery plans in Wales**. The reports vary in focus and scope, depending on the evolving COVID-19 situation as well as public health and policy needs. The reports provide **high-level summaries of emerging international evidence from country experience and epidemiology; research papers; and key organisations' guidance and reports, including other sources of published information to allow further exploration.** They do not provide detailed or in-depth data or evidence analysis.

There was only a small amount of published academic evidence in peer-reviewed journals at the beginning of the pandemic however, this has improved over time. Due to the nature of the COVID-19 pandemic, and dynamic situation, studies and evidence can be conflicting or inconclusive depending on country and other contextual factors.

The work is **aligned with, and feeds into, the Welsh Government Office for Science and the Public Health Wales public health response**. It is part of a wider Public Health Wales' systematic approach to intelligence gathering to inform comprehensive, coherent, inclusive and evidence-informed decision-making processes and policy action. It supports the Wellbeing of Future Generations (Wales) Act[45] and the Welsh Government: Programme for Government[6] towards a healthier, more equal, resilient, prosperous and globally responsible Wales.

2   International Horizon Scanning - World Health Organization Collaborating Centre On Investment for Health and Well-being (phwwhocc.co.uk)
3   International Horizon Scanning - World Health Organization Collaborating Centre On Investment for Health and Well-being (phwwhocc.co.uk)
4   Well-being of Future Generations (Wales) Act 2015 – The Future Generations Commissioner for Wales
5   Well-being of Future Generations (Wales) Act 2015 (legislation.gov.uk)
6   https://gov.wales/programme-for-government-2021-to-2026

Summarised Evidence

The impact of COVID-19 on mental health

The COVID-19 pandemic has had both **direct and indirect impacts on mental health.** Major stressors are potent risk factors for the development, exacerbation and relapse of a range unhealthy patterns of behaviour, including the use of alcohol and psychoactive drugs and excessive gaming or gambling.[7]

A Lancet review suggests that the 'psychological impact of quarantine' is wide-ranging, substantial and can be long lasting with negative psychological effects, including post-traumatic stress symptoms, confusion and anger. Stressors include: longer quarantine duration, infection fears, frustration, boredom, inadequate supplies, inadequate information, financial loss, and stigma.[8]

People with prior experience of mental health problems were more likely to see their mental health worsen as a result of COVID-19 restrictions. Many people without previous experience of mental health problems have experienced poor mental health during lockdown and have seen their mental health and well-being decline, since the start of the pandemic, there has been:[9]

- A decrease in the number of referrals for mental health services
- An increase in the number of people self-referring and presenting in crisis
- An increase in demand from those affected by factors associated with COVID-19, such as grief, social isolation and financial hardship, and from health and social care staff, providing frontline services

More than half of adults (60%), over two thirds of young people (68%), and nearly three quarters of people aged 18–24 (74%) reported deteriorating mental health during lockdown (from early April to mid-May) in the UK.[10]

Key drivers of poor mental health include:[38]

- Restrictions of social contact/not able to meet anyone
- Not being able to go outside
- Anxiety/worry about family and friends getting the diseases
- Boredom for young people
- Feeling of loneliness, especially for young people
- Not feeling entitled to seek help and having difficulty accessing support
- Not feeling comfortable using phone/video call technology has been one of the main barriers to accessing support
- Quarantine which can contribute to stress, anger and an increase in risky behaviours, such as drinking and online gambling[11]

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7   https://www.who.int/publications-detail/10665-332240
8   https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30460-8/fulltext
9   https://www.rethink.org/news-and-stories/blogs/2020/05/what-impact-has-covid-19-had-on-mental-health-services/
10 https://www.mind.org.uk/media-a/5929/the-mental-health-emergency_a4_final.pdf
11 https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30307-2/fulltext

Figure 1 depicts the most relevant psychological reaction in the population related to the pandemic with table 1 showing the country examples.

Figure 1: Summary of the most relevant psychological reactions in the general population, related to COVID-19 and lockdown measures[12]
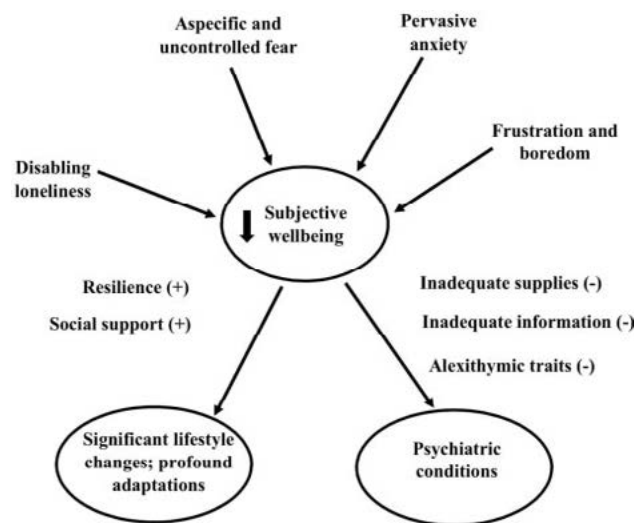

Table 1: Long-term psychological effects of COVID-19 across countries

Country	Evidence
Bangladesh[13]	A cross-sectional study examined 370 frontline doctors who were involved in the treatment of COVID-19 patients (1 April - 30th May 2020). Results show that 36.5% had symptoms of anxiety and 38.4% had depression.
Belgium, France and Canada[14]	2871 adults (79% women) completed an online survey about major implications of COVID-19 lockdown measures on mental health and alcohol use behaviours. An increase of 26.4% was reported in consumption of alcohol. Individuals who increased their alcohol consumption during lockdown often had higher levels of anxiety and depression.
Netherlands[15]	A study examined the mental health impact of the pandemic on people with (n=1181) and without (n=336) depressive, anxiety, or obsessive-compulsive disorders between 1 April and 13 May 2020. People without underlying mental health disorders showed a greater increase in symptoms during the COVID-19 pandemic; individuals with the greatest burden on their mental health tended to show a slight symptom decrease.
Wales[16]	A survey carried out by Mind Cymru found 60% of those over 25 and 74% of those 13 to 24 reported that their mental health has worsened during the period of lockdown restrictions.

12   https://academic.oup.com/qjmed/article/113/8/531/5860841?login=true
13   https://pubmed.ncbi.nlm.nih.gov/33447383/
14   https://pubmed.ncbi.nlm.nih.gov/33424513/
15   https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30491-0/fulltext
16   https://www.mind.org.uk/media-a/6176/the-mental-health-emergency-wales-summary-report-english-1.pdf

The impact of COVID-19 lockdowns on physical activity[17181920 21]

Physical activity including sport, has decreased during COVID-19 lockdowns, causing a major concern among the public health community. Evidence suggests that physical activity levels have decreased by around 30% and sitting time has increased by around 30%. This is a major concern, as **physical inactivity and sedentary behaviour are both independent risk factors for** high blood pressure, heart disease, obesity, cancer, diabetes, bone and joint disease, premature death, depression and other **mental health issues.** Lower physical levels could result in potentially **long-term negative consequences on population health** and well-being.

17   https://bmjopensem.bmj.com/content/7/1/e000960
18   https://www.un.org/en/coronavirus/staying-fit-time-covid-19-%E2%80%93-tips-un
19   https://www.cambridge.org/core/journals/disaster-medicine-and-public-health-preparedness/article/impact-of-covid19-lockdown-on-body-weight-eating-habits-and-physical-activity-of-jordanian-children-and-adolescents/6AF3F7BC1DCE0133ABDFCB177F6BC63F
20   https://pubmed.ncbi.nlm.nih.gov/32481594/
21   https://bjsm.bmj.com/content/early/2020/11/11/bjsports-2020-103282

The impact of COVID-19 on mental health services

The **COVID-19 pandemic has had a detrimental impact on the delivery of other health services worldwide**, including mental health services.[22][23] Mental health services were overstretched prior to the pandemic and mental health support was weakly integrated in social welfare, labour and youth policies.[24] Figure 2 shows evidence collated by the World Health Organization (WHO) highlighting the disruptions to mental health services globally.

Figure 2: The impact of COVID-19 on mental health service provision[25][26]

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.

COVID-19 has disrupted or stopped critical mental health services in 93% of 130 countries worldwide, while the demand for mental health support and services is increasing.[27]

Life-saving emergency and essential mental health services were disrupted:

- 35% of countries reported disruption of management of emergency mental health manifestations, including status epilepticus, delirium and severe substance withdrawal syndromes
- 30% reported disruption in supply of medication for people with mental health disorders
- Over 60% of countries reported disruptions to mental health services for vulnerable people, including children and adolescents (72%), older adults (70%), and women requiring antenatal or postnatal services (61%)

22   Pulse survey on continuity of essential health services during the COVID-19 pandemic: interim report, 27 August 2020 (who.int)
23   The impact of COVID-19 on mental, neurological and substance use services (who.int)
24   Tackling the mental health impact of the COVID-19 crisis: An integrated, whole-of-society response - OECD (oecd-ilibrary.org)
25   Pulse survey on continuity of essential health services during the COVID-19 pandemic: interim report, 27 August 2020 (who.int)
26   The impact of COVID-19 on mental, neurological and substance use services (who.int)
27   https://www.who.int/publications/i/item/978924012455

The impact of COVID-19 on the economy and mental health

The impact on employment and related financial and health burden[2829]

The COVID-19 pandemic has had enormous economic impact, including on employment. The impact of lost employment and changes to working practices, can result in negative health and well-being consequences including, worsening mental health, increasing unhealthy behaviours and harms to long-term health.

The rise in the number of those unemployed is estimated to be between 5.3 and 24.7 million globally. COVID-19 measures may lead to downsizing or closure of large employers, resulting in the loss of a high number of jobs in a localised area, referred to as a Mass Unemployment Event. Mass Unemployment Events, or the threat of such events, can have detrimental impact on the health, social and financial situation of individuals and families and can destabilise communities over generations.

Job loss and/or insecurity can have complex detrimental impacts on health, including by:[30]
- direct loss of income and falling into poverty
- stress from the event, subsequent increased anxiety and loss of self-esteem
- increase in harmful behaviours, such as smoking and excess alcohol consumption

Impact of remote working[31]

Multiple positive and negative impacts of remote working have been noted in the international evidence (table 3).

**Table 3: Impacts of remote (home) working**

Mixed findings	Positive impacts	Negative impacts
In men, remote working was associated with increased stress, but also increased happiness[32] and lower levels of stress, pain and tiredness, related to not commuting (compared to commuters)	Improved quality of life	Inability to disengage from work which was greater for women than men[33]
Women reported higher levels of happiness compared to commuters, but reported similar levels of stress, pain and tiredness as non-remote workers[34]	Perceived increase in safety and reduced stress associated with commuting[35]	Increased family-to-work and work-to-family conflict, particularly for female workers
Remote working was associated with fewer mental and physical health problems in comparison to non-remote working; however fewer hours of remote working was also associated with lower levels of depression[36]	Lower job induced stress[37] Decreased fatigue and stress compared to those not working from home[38]	Higher levels of exhaustion in comparison to those who performed limited remote working[39]

28   http://www.wales.nhs.uk/sitesplus/documents/888/Watermarked%20PHW%20Mass%20Unemployment%20Report%20E(15).pdf
29   http://www.wales.nhs.uk/sitesplus/documents/888/Watermarked%20PHW%20Mass%20Unemployment%20Report%20E(15).pdf
30   http://www.wales.nhs.uk/sitesplus/documents/888/Watermarked%20PHW%20Mass%20Unemployment%20Report%20E(15).pdf
31   https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-020-09875-z
32   https://www.sciencedirect.com/science/article/abs/pii/S0308596119301120?via%3Dihub
33   https://journals.sagepub.com/doi/10.1177/1059601115619548
34   https://www.emerald.com/insight/content/doi/10.1108/IJM-04-2018-0134/full/html
35   https://search.proquest.com/docview/2388310910?pq-origsite=gscholar&fromopenview=true
36   https://pubmed.ncbi.nlm.nih.gov/26389981/
37   https://www.nzjournal.org/NZJER35%282%29.pdf#page=76
38   https://onlinelibrary.wiley.com/doi/10.1111/jomf.12633
39   https://link.springer.com/article/10.1007/s10869-011-9247-0

Advantages, barriers and challenges of telework[40]

An **increase in home and teleworking have shown negative impacts on mental health,** especially among those who always or often worked at home (figure 3). Those who worked mainly at home reported greater difficulties in enjoying normal day-to-day activities and more often felt constantly being under strain and unhappy with life. Levels of loneliness and isolation have been amplified by fewer face-to-face interactions with colleagues and loss of social opportunities to meet friends or colleagues.

Figure 3: Intensity of homeworking by selected mental health indicators as of June [202041]
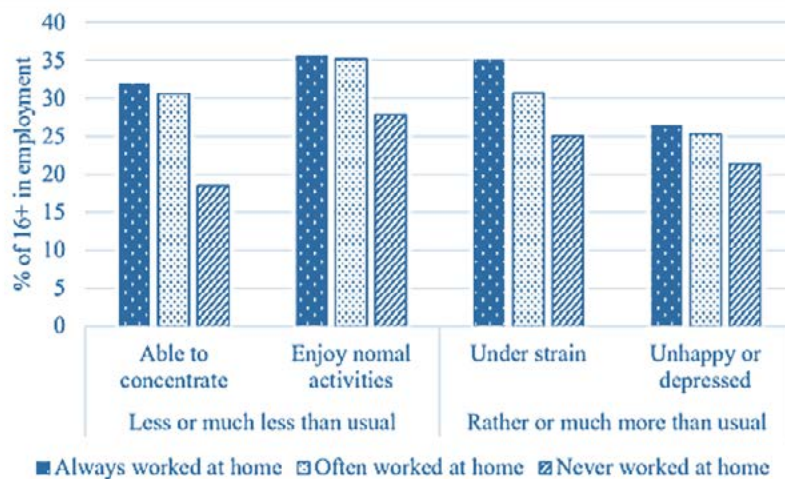
Precarious employment

Employment losses among temporary and part-time workers, including agency workers, have been greater than among employees with regular contracts.[42] Studies from prior outbreaks have demonstrated **clear links between employment insecurity and mental health,** in a crisis situation.[43]

Precarious employment is an important social determinant of health, associated with a multitude of poor health outcomes including mental and physical ill-health, increased risk of work related injuries as well as health-related behaviours such as higher levels of smoking and lower access to healthcare.[44][45] In contrast, secure employment is associated with positive mental health.[46]

Those in **vulnerable and disadvantaged groups** are more likely to find themselves in precarious employment.[14] This causes **significant health inequalities** due in part to the limited access to social and health protections for precarious workers. Globally, only 45% of the population are covered by at least one social protection benefit, which means that 55% are unprotected.[47] Growth of "gig economy" applications and platforms provides additional opportunities for non-standard or precarious work.[48]

The impact of COVID-19 on people in precarious employment in different countries has been reported as follows:

- **Germany** - the hospitalisation rate among temporary employees was 55.7% almost three times as high as the average of all employed insured persons of a large German health insurance company in the age group 15 to 65 years[49]

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40   https://iaap-journals.onlinelibrary.wiley.com/doi/epdf/10.1111/apps.12290
41   https://iaap-journals.onlinelibrary.wiley.com/doi/epdf/10.1111/apps.12290
42   wcms_795453.pdf (ilo.org)
43   Job Insecurity and Financial Concern During the COVID-19 Pan... : Journal of Occupational and Environmental Medicine (lww.com)
44   https://repositori.upf.edu/handle/10230/45184
45   https://www.tandfonline.com/doi/abs/10.1080/09669582.2018.1538230
46   https://www.mdpi.com/1660-4601/18/11/5630/htm
47   https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---soc_sec/documents/publication/wcms_758705.pdf
48   https://osf.io/preprints/socarxiv/4quga/
49   Ausgabe_A (nih.gov)

- **Japan** - Unemployment was found to worsen mental health of workers, and non-permanent workers were more likely to face unemployment as a result of COVID-19[50]

- **South Africa** - workers who became unemployed or who were put on a furlough scheme during the pandemic were more likely to report vulnerability to depression than those who retained employment throughout[51]

- **Spain** - Enforced periods of lockdown had a greater negative effect on self-perceived wellbeing amongst the unemployed and those placed on furlough when compared with those in employment[52]

- **United States** - After accounting for demographic characteristics, health status, other COVID-19 experiences, and anxiety symptoms, greater job insecurity due to COVID-19 was related to greater depressive symptoms[53]

- **Canada** - the counterfactual adjusted predicted probabilities of elevated anxiety in adults increased substantially following job insecurity in the month May 2020 (figure 4)

Figure 4: Predicted adjusted probabilities of elevated anxiety in Canada (May 2020) [54]
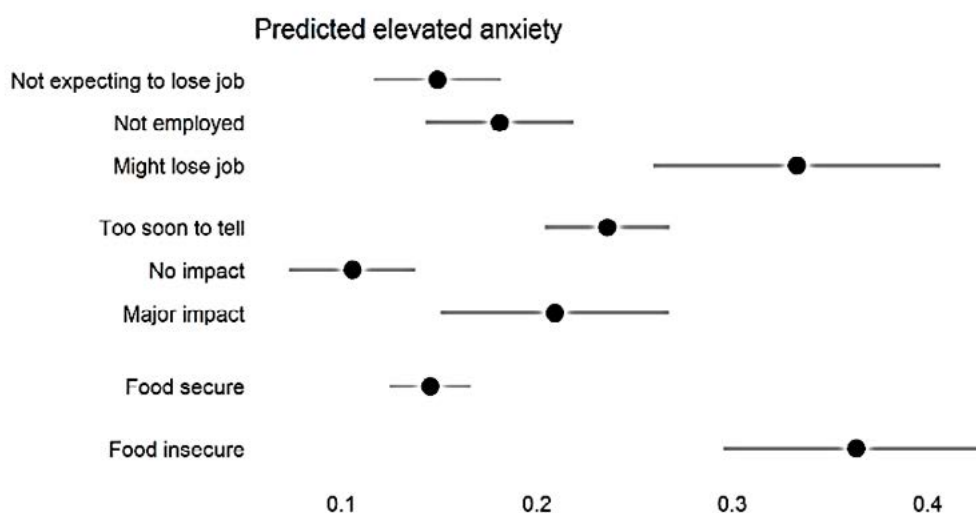
50   https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-021-10401-y
51   Job loss and mental health during the COVID-19 lockdown: Evidence from South Africa (nih.gov)
52   Furloughs, Teleworking and Other Work Situations during the COVID-19 Lockdown: Impact on Mental Well-Being (nih.gov)
53   Job Insecurity and Financial Concern During the COVID-19 Pandemic Are Associated With Worse Mental Health - PubMed (nih.gov)
54   Mental health and economic concerns from March to May during the COVID-19 pandemic in Canada: Insights from an analysis of repeated cross-sectional surveys - ScienceDirect

The impact of COVID-19 on the mental health of specific population groups

Evidence shows that mental health of certain population groups has been disproportionately affected by the ongoing pandemic and related disruptions of mental health services (table 4).

Table 4: COVID-19 impact on the mental health of specific groups

Group	Mental health impact
Children and young people[40435556]	• Evidence from previous pandemics suggests that children **experiencing quarantine** are more likely to develop **adjustment disorders, acute stress disorder and experience grief** • There has been an increase in the number of **hospital admissions, cases of self-harm and suicides among under 18's with autism** • There has been an increase in the number of **young people contacting helplines with anxiety**

Women and girls[5758596061]	• Globally, lockdown restrictions have **exacerbated pre-existing inequalities for women and girls**
	• Quarantine and containment measures can significantly **reduce women's economic and livelihood** activities, **increasing poverty rates**, and exacerbating **food insecurity**
	• **Young women** are the most likely to have experienced **high levels of depression, anxiety and loneliness** during lockdown
	• Young women (age 16 to 24) with worse than average mental health scores before the crisis have deteriorated during the pandemic
	• **Factors** likely to impact women's mental health include:
	  ◆ Disrupted access to sexual and reproductive health, and gender-based violence services
	  ◆ An increase in gender-based violence and abuse
	  ◆ An increase in informal (unpaid) care work with the closure of nurseries and schools, and increased needs of older relatives
	  ◆ Vulnerability to financial shocks, as women are more likely to be in precarious employment or earning low wages

Older people[6263]	• Social isolation, reduced physical activity and reduced intellectual stimulation can **increase the risk of cognitive decline and dementia** • Older people in care, those with dementia and cognitive decline may experience higher levels of **anxiety, stress, anger, agitation and emotional withdrawal** during lockdown • **Social stigmatisation**, caused by portrayal of COVID-19 as an 'older people disease', has **exacerbated age based discrimination**, with outcomes ranging from increased isolation to violation to their right to health and life

BAME communities[646566]	• People from **BAME backgrounds have reported more negative effects from lockdown** than those from white backgrounds, including:
	  ◆ Higher levels of **loneliness, depression and anxiety**, with 30% more thoughts of death, and 70% higher reports of self-harm
	  ◆ Higher levels of **anxiety and worry regarding unemployment** (61% compared to 51%), financial stress (52% compared to 45%) and housing (30% compared to 23%)
	  ◆ A 14% deterioration in the mental health of BAME men, compared to 6.5% in white British men
	  ◆ A 23% increase in mental distress among men of Bangladeshi, Indian and Pakistani heritage

55   https://pubmed.ncbi.nlm.nih.gov/24618142/
56   https://www.sciencedirect.com/science/article/pii/S0889159120308126?via%3Dihub
57   https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/policy-brief-the-impact-of-covid-19-on-women-en.pdf?la=en&vs=1406
58   https://www.weforum.org/agenda/2020/04/covid-19-coronavirus-pandemic-hit-women-harder-than-men/
59   https://www.ucl.ac.uk/ioe/news/2020/aug/poor-mental-health-lockdown-most-common-among-young-women
60   https://www.ifs.org.uk/publications/14876
61   https://www.unfpa.org/press/women-girls-health-workers-must-not-be-overlooked-global-covid-19-response
62   https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30307-2/fulltext
63   https://www.un.org/development/desa/ageing/wp-content/uploads/sites/24/2020/04/POLICY-BRIEF-ON-COVID19-AND-OLDER-PERSONS.pdf
64   https://www.ucl.ac.uk/news/2020/jul/levels-depression-and-anxiety-higher-amongst-those-bame-backgrounds-during-lockdown
65   https://www.mind.org.uk/news-campaigns/news/existing-inequalities-have-made-mental-health-of-bame-groups-worse-during-pandemic-says-mind/
66   https://www.medscape.com/viewarticle/935332

LGBTQ+[676869]	• Evidence suggests 69% have suffered **depressive symptoms** during lockdown, rising to around 90% for those who had experienced homophobia or transphobia • Highest rates of depression were reported among younger LGBT people **confined with relatives not supportive of their sexual orientation** • 11,000 people accessed the **LGBT Hero suicide prevention web pages** between April and July 2020, a 44% increase since the beginning of the year • **Influencing factors** include being unable to access LGBTQ+ networks while in lockdown, having to conceal sexual orientation or gender identity, domestic violence and abuse
People with disabilities[7071]	• Reporting higher levels of **social isolation** • Policies around rationing of medical care may intensify **discriminatory attitudes, increasing anxiety** about becoming ill • In one study, 48% of people with a disability reported a **decline in their mental health** since the start of the pandemic • Individuals who are **deaf may experience increased isolation** due to mask-wearing policies, which limits lip-reading
People hospitalised with COVID-19[7273]	• People hospitalised with COVID-19 can experience **post-intensive-care syndrome**[74], which can also extend to the family of the patient • Emerging evidence suggests that people with acute COVID-19 are at greater risk of developing depression, anxiety, fatigue, PTSD, and in rare cases, neuropsychiatric syndromes in the longer term
Healthcare workers[757677]	• Over half (57%) of NHS staff reported **working additional hours**, based on data gathered in April • Nearly 70% of NHS staff reported **higher anxiety levels** than before the outbreak. **32% of NHS staff did not feel anxious at all before the pandemic, with the rate falling to just 7% during the outbreak** • Signs of **post-traumatic stress disorder** have been reported amongst some UK healthcare workers • Evidence suggests that hospital staff under quarantine, are more likely to develop acute stress disorder, report exhaustion, detachment from others, anxiety when dealing with febrile patients, irritability, insomnia, poor concentration and indecisiveness, deteriorating work performance, and reluctance to work or consideration of resignation
Income and employment-related factors[78798081]	• The economic downturn and associated factors such as unemployment, financial insecurity and poverty, can **induce mental health problems in previously healthy people and exacerbate pre-existing conditions** • Previous economic crises are associated with **higher rates of suicide**, for example, 2008 saw a rise in the number of suicides and substance-use related mortality in working age Americans • In the UK, **12.5 million people report their households have been affected financially** • **Those with reduced income reported 19% higher average anxiety levels** • During the pandemic there has been **an increase in occupational burnout**

67   https://www.medrxiv.org/content/10.1101/2020.08.03.20167403v1 (awaiting peer review)
68   https://www.bbc.co.uk/news/health-53223765
69   https://www.rethink.org/news-and-stories/blogs/2020/05/what-impact-has-covid-19-had-on-mental-health-services/
70   https://www.apa.org/topics/covid-19/research-disabilities
71   https://theconversation.com/mental-health-impact-of-coronavirus-pandemic-hits-marginalized-groups-hardest-142127
72   https://content.sciendo.com/view/journals/jtim/5/2/article-p90.xml
73   https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366%2820%2930203-0/fulltext
74   https://www.sciencedirect.com/science/article/pii/S0889159120308126?via%3Dihub
75   https://yougov.co.uk/topics/health/articles-reports/2020/04/24/covid-19-how-are-nhs-staff-coping
76   https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30460-8/fulltext
77   https://www.dauk.org/
78   https://www.sciencedirect.com/science/article/pii/S0889159120308126?via%3Dihub
79   https://www.bmj.com/content/347/bmj.f5612.full
80   Personal and economic well-being in Great Britain: June 2020 (ONS)
81   https://www.who.int/mental_health/evidence/burn-out/en/

The impact of COVID-19 on the mental health of children and young people

Evidence shows the indirect impact of COVID-19 on children includes:

- **Financial insecurity**, leading to food insecurity, which has a detrimental impact on families children's development and well-being
- **Deterioration of mental health and emotional wellbeing due to loneliness**, can lead to higher rates of depression, anxiety[82] and increased risk of self-harm within young people
- **Increased domestic violence, abuse or neglect** i.e. Adverse Childhood Experiences (ACEs)[83], which can have a detrimental impact on children's physical health, mental wellbeing as well as further impacts later in life

Inequity and school closures

Soft capital (e.g. parental support) and physical capital (e.g. access to home computer) were found to play an important role in students learning outcomes and well-being during the pandemic.[84]

Impacts of school closures during the COVID-19 pandemic include:
- **loss of access to school-based and critical services**
- **loss of resources particularly for children with disabilities**
- **loss of resources for those living in poorer families**
- **increased stress among children** and emotional reactions
- the longer the school closure, the higher the predicted increase in obesity.[85]

Enforced distanced learning has highlighted existing inequalities such as the digital divide between children from different socio-economic groups.[86]

Children's worries and anxieties relate to:[87]
- loss of accessibility of non-academic support from schools
- the quality of education received

Contributing factors to increased stress among young people include:
- lack of familiarity of the new teaching and assessment modalities
- lack of clarity in communication
- distant supervision from teachers
- perceived poorer quality of online education
- concerns about graduating

82   https://www.sciencedirect.com/science/article/pii/S0890856720303373
83   https://phw.nhs.wales/files/aces/
84   The challenge facing schools and pupils | Mental Health Foundation
85   https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8159143/
86   COVID-19 and the digital divide in the UK (thelancet.com)
87   https://phw.nhs.wales/publications/publications1/children-and-young-peoples-mental-well-being-during-the-covid-19-pandemic-research-brief/

International evidence presented in table 5 summarises the impact of lockdown and school closures for children and young adults.

Table 5: Psychological and behavioural impacts of lockdown and school closure on children and young adults in selected countries[88]

Country	Number	Ages	Findings
Belgium, Canada and France[89]	2871	51.5% young adults	Around half of the young people surveyed were students who reported **being overwhelmed with uncertainties regarding their future and education.**
China[9091]	8079	12-18	43% had symptoms of depression while 37% had anxiety. **Females, rural and students in senior school more likely to experience depression and anxiety**.
	3254	7-18	54% felt learning had been negatively impacted by pandemic. 13% of females and 10% of males reported symptoms of **smartphone addiction**.
	5286	University	
Italy[9293]	5989	4-10	26% excessive clinginess, 5.5% worse vocabulary, 18% developed excessive fears.
	1124	students	The study did not find significant psychological impact in its participants; stress levels among the participating students were **not significantly different** than pre-COVID-19 student samples.
Italy and Spain[94]	1143	3-18	85% of parents felt a worsening of children's emotions and behaviours.

COVID-19 impact on violence against children[9596979899100101]

COVID-19 and related restrictions have been a catalyst for the rise in child maltreatment, exacerbating some of the known contributing factors, such as household poverty and overcrowding, social isolation and substance abuse.

88   https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7798512/#fmaa122-B13
89   https://bmcpsychiatry.biomedcentral.com/articles/10.1186/s12888-021-03109-1
90   https://pubmed.ncbi.nlm.nih.gov/32363492/
91   https://pubmed.ncbi.nlm.nih.gov/32658812/
92   https://psyarxiv.com/stwbn/
93   https://www.mdpi.com/2071-1050/12/17/7039
94   https://pubmed.ncbi.nlm.nih.gov/33240167/
95   https://read.oecd-ilibrary.org/view/?ref=132_132643-m91j2scsyh&title=Combatting-COVID-19-s-effect-on-children
96   https://www.womensaid.org.uk/a-perfect-storm-the-impact-of-the-covid-19-pandemic-on-domestic-abuse-survivors-and-the-services-supporting-them/
97   https://pediatrics.aappublications.org/content/146/4/e2020016824
98   https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7146667/
99   https://www.sciencedirect.com/science/article/pii/S2352464220301097
100   https://www.unicef.org/press-releases/covid-19-causes-disruptions-child-protection-services-more-100-countries-unicef
101   https://alliancecpha.org/en/system/tdf/library/attachments/the_alliance_covid_19_tn_version_2_05.27.20_final_2.pdf?file=1&type=node&id=37184

The impact of COVID-19 on the mental health of older people

There are several indirect impacts older people disproportionately face resulting from the COVID-19 pandemic, this includes: **disruptions to their daily routines and access to care**, difficulty in adapting to technologies like telemedicine and concerns that isolation would **exacerbate existing mental health and physical conditions**.[102]

Ageism

The associations between ageism and well-being are well documented; negative perceptions of ageing impact older people's health, performance, morbidity and mortality.

- **Lockdown and social distance requirements** required by governments worldwide as well as heightened perceptions of risk of death and illness in older people due to COVID-19 has led to an **increased risk of mental distress**[103]
- A narrative literature review which included evidence from Asia, Europe and America showed that the main outcomes of social isolation due to COVID-19 on health in older people have been: **anxiety, depression, poor sleep quality and physical inactivity**[104]
- Evidence suggests that it is not just new mental health problems in older people that increased but that **existing mental health problems worsened** over the course of the pandemic[105]

Table 6 shows country specific evidence on the mental health impact of COVID-19 on older people

Table 6: Country specific evidence on the impact of COVID-19 on mental health in older people

Country	Evidence
China	• A telephone survey[106] COVID-19 infection is severe in the presence of older age, male gender and risk factors. The aim of this study was to examine the relationship between the level of anxiety created by immensely spreading COVID-19-related information and age, gender and the presence of risk factors.conducted among 583 Chinese people (≥60 years) with multi-morbidity in primary care showed that there were **significant increases in loneliness, anxiety, and insomnia**, after the onset of the COVID-19 outbreak. Further analysis showed that being female, living alone, and having more than four chronic health conditions were independently associated with increased loneliness
Israel	• A study conducted with 277 participants (mean age 70) revealed that there was a **positive relationship between subjective age and loneliness and psychiatric symptoms**. Among those who felt younger, the relationship was weaker. Older age identity is more susceptible to the adverse effects of loneliness[107]
The Netherlands	• Data from the Netherlands (1,679 community-dwelling participants over the age of 65) indicated that **loneliness increased but mental health remained roughly stable**, with physical distancing measures not causing much social isolation but personal losses, worries about the pandemic, and a decline in trust in societal institutions being associated with increased mental health problems and loneliness[108]
Turkey	• A questionnaire answered by 929 people found that individuals with older age and risk factors were more vulnerable to the stress caused by the pandemic. Also, feelings of depression and hopelessness increased with age[109]
Others	• A commentary international review (including the following European nations: UK, Republic of Ireland, Finland, Spain) found that older people had been widely impacted by the pandemic with **social isolation/shielding measures placed them at higher risk of loneliness, isolation, financial deprivation and mental health challenges**[110]

102   Older people and COVID-19 (who.int)
103   Covid‐19 lockdown: a perfect storm for older people’s mental health (nih.gov)
104   https://pubmed.ncbi.nlm.nih.gov/33155618/
105   https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7373678/
106   https://pubmed.ncbi.nlm.nih.gov/32988955/
107   COVID-19-Related Loneliness and Psychiatric Symptoms Among Older Adults: The Buffering Role of Subjective Age (nih.gov)
108   Loneliness and Mental Health During the COVID-19 Pandemic: A Study Among Dutch Older Adults (nih.gov)
109   How do older age, gender and risk groups affect protective behaviours and mental health in the COVID-19 pandemic? (nih.gov)
110   Full article: Older People in the Context of COVID-19: A European Perspective (tandfonline.com)

A UK wide survey[111] of the shielding population (aged 75 years or over) found that 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

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**.[112][113] Non-pharmaceutical interventions such as shielding and social distancing altered older people's daily routines, including the care and support they receive, as well as their social connections.[114] Social isolation and loneliness in older people has been linked to negative health outcomes such as poor physical and mental health[115] with evidence suggesting that social distancing has worsened the pre-existing loneliness and social isolation in older adults.[116] An advocacy toolkit by the WHO describes the overall consequences of social isolation and loneliness among older people[117] (figure 5).

Figure 5: Consequences of social isolation and loneliness
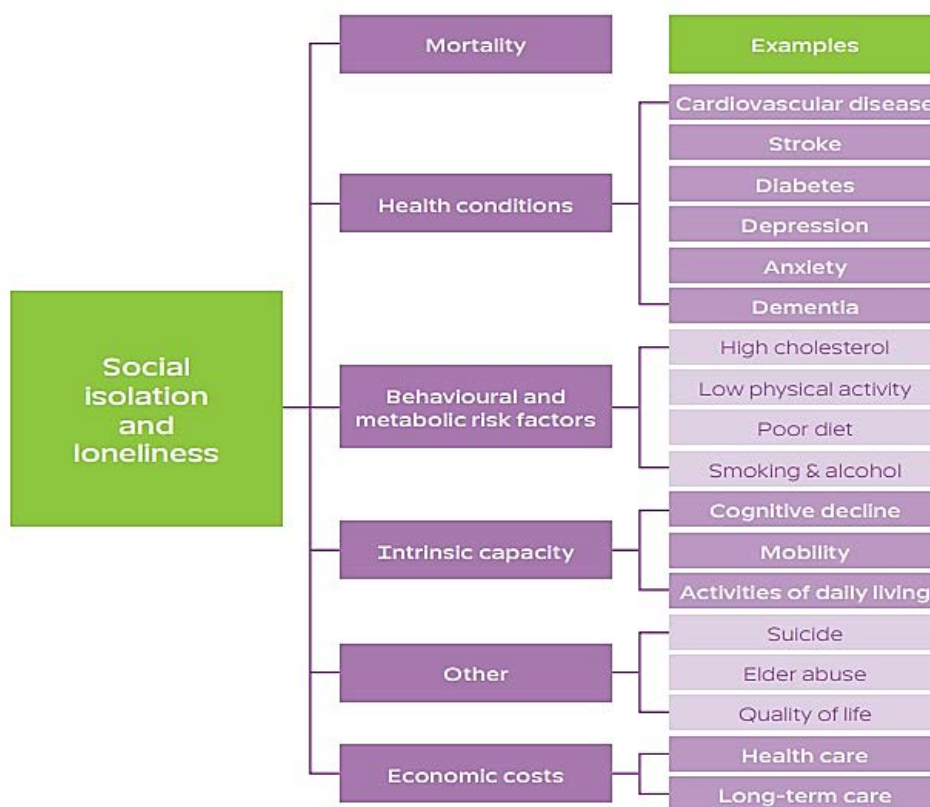
111   Life in lockdown: a telephone survey to investigate the impact of COVID-19 lockdown measures on the lives of older people (≥75 years)
112   Older people and COVID-19: Isolation, risk and ageism - Brooke - 2020 - Journal of Clinical Nursing - Wiley Online Library
113   'An invisible human rights crisis': The marginalization of older adults during the COVID-19 pandemic – An advocacy review (nih.gov)
114   Older people and COVID-19 (who.int)
115   Social isolation and loneliness among older adults in the context of COVID-19: a global challenge (nih.gov)
116   'An invisible human rights crisis': The marginalization of older adults during the COVID-19 pandemic – An advocacy review (nih.gov)
117   Social isolation and loneliness among older people: advocacy brief (who.int)

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 especially in older age groups:

- A prospective cohort study[118] 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**[119] found that the pandemic 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

The impact of COVID-19 on the mental health of people with a disability

Research indicates that **people with a disability already faced health inequalities prior to the pandemic and this has been exacerbated by the response to and recovery from the pandemic**. This may be due to a range of factors such as discriminatory policies, including health professionals' conscious and unconscious biases and conventional health service delivery.[120] The COVID-19 pandemic has exacerbated issues, for example:

- People with autism have reported feeling **increased stress due to the restrictions imposed** due to the pandemic, leading to an escalation in challenging behaviours, risk of placement breakdown and increased use of psychotropic medication[121]

- People with physical disabilities report facing **new challenges in accessing healthcare,** changes in lifestyle, mood changes and decreased levels of physical activity[122]

- People with visual impairments have reported not be able to access COVID-19 information due to an **absence of accessible and specifically designed information**[123]

- A survey conducted in Australia among children and young people with a disability (including their families) found that 82% of respondents felt that there was a lack of information about COVID-19 targeted at them addressing their particular needs, and **50% of respondents felt that their mental health and well-being had declined during the pandemic**[124]

118 bjgpnov-2020-70-700-e817-oa.pdf (nih.gov)
119 Impact of the COVID-19 Pandemic on Loneliness Among Older Adults (nih.gov)
120 At-Risk-and-Vulnerable-Reflections-on-Inequities-and-the-Impact-of-COVID-19-on-Disabled-People.pdf (researchgate.net)
121 COVID-19 and people with intellectual disability: impacts of a pandemic (nih.go)
122 Impact of COVID-19 on people with physical disabilities: A rapid review (nih.gov)
123 Impact of COVID-19 pandemic on people living with visual disability (nih.gov)
124 More than isolated: the experience of children and young people with disability and their families during the COVID-19 pandemic (apo.org.au)

The impact of COVID-19 on the mental health of the LGBTQ+ community

There are well-established **links between sexual and gender minority stress and mental health among people from the LGBTQ+ community**, especially in young people.[125] Extended periods of concealment of identity may lead to depression, anxiety, suicidal intention and cumulative psychological distress.[126] People from the LGBTQ+ community may have spent more time at home during the pandemic, in unsupportive households.[127]

- A study from the US showed that, as of spring 2020, nearly half (45.7%) of college students from the LGBTQ+ community have immediate families that do not support or know their LGBTQ+ identity[128]
- The United Nations Independent Expert on protection against violence and discrimination based on Sexual Orientation and Gender Identity has been monitoring the specific ways the pandemic has impacted people from the LGBTQ+ community throughout the pandemic

Discrimination against the LGBTQ+ community

There have been **multiple reports of discrimination against the LGBTQ+ community** across the world during the COVID-19 pandemic.[129][130][131] Clear links between discrimination and mental health have been observed:

- In an online survey of people from the LGBTQ+ community, those who had experienced discrimination were three times as **likely to experience significant depressive symptoms** than those who had not[132]
- Discrimination is also likely to affect physical health, as those facing discrimination are less likely to access healthcare[133]
- The UK National LGBT Survey found that 16% of people from the LGBTQ+ community had **experienced at least one negative experience (based on their identity)** when accessing or trying to access healthcare services in the past 12 months[134]
- The 'LGBT Foundation' produced a series of 'Hidden Figure' reports, detailing the impact of the COVID-19 pandemic on the LGBTQ+ community in the UK. The May 2020 report **identified an increase in calls to their helpline regarding biphobia, transphobia, and homophobia** compared with three weeks previously

125 Sexual and Gender Minority Stress Amid the COVID-19 Pandemic: Implications for LGBTQ Young Persons' Mental Health and Well-Being (sagepub.com)
126 Sexual and Gender Minority Stress Amid the COVID-19 Pandemic: Implications for LGBTQ Young Persons' Mental Health and Well-Being (sagepub.com)
127 "I'm Kinda Stuck at Home With Unsupportive Parents Right Now": LGBTQ Youths' Experiences With COVID-19 and the Importance of Online Support - PubMed (nih.gov)
128 Mental Health Needs Among Lesbian, Gay, Bisexual, and Transgender College Students During the COVID-19 Pandemic - Journal of Adolescent Health (jahonline.org)
129 hhr-22-02-313.pdf (nih.gov)
130 Health Alert – U.S. Embassy Panama City, Panama (March 31, 2020) - U.S. Embassy in Panama (usembassy.gov)
131 Writing a More Inclusive Playbook: How COVID-19 Is Impacting LGBTQ+ Communities Around the World | Think Global Health
132 e049405.full.pdf (bmj.com)
133 https://s3-eu-west-1.amazonaws.com/lgbt-website-media/Files/7a01b983-b54b-4dd3-84b2-0f2ecd72be52/Hidden%2520Figures-%2520The%2520Impact%2520of%2520the%2520Covid-19%2520Pandemic%2520on%2520LGBT%2520Communities.pdf
134 Hidden%20Figures-%20The%20Impact%20of%20the%20Covid-19%20Pandemic%20on%20LGBT%20Communities.pdf

The impact of COVID-19 on the mental health of ethnic minority groups

- **Individuals with limited English proficiency have been found to be more vulnerable to social isolation**,[135] with isolation and lack of stimulation leading to poorer patient outcomes[136][137]

- In particular, elderly **Asian-Americans have been highlighted as especially vulnerable to mental health issues** due to COVID-19 related isolation with peer-to-peer support being presented as a potential way of addressing these problems[138]

The impact of COVID-19 on the mental health of people experiencing homelessness

People experiencing homelessness are a vulnerable group and exposure to COVID-19 can negatively affect their mental and physical health[139] with a **high proportion of them having chronic physical or mental disorders**.[140] People experiencing homelessness, aged younger than 65 years, have all-cause mortality that is five to 10 times higher than that of the general population.[141]

135   Stories from COVID-19 Reveal Hospitalized Patients with Limited English Proficiency Have Always Been Uniquely Prone to Social Isolation
136   COVID-19: ICU delirium management during SARS-CoV-2 pandemic
137   Environmental Risk Factors for Delirium in Hospitalized Older People
138   Asian American mental health during COVID-19: A call for task-sharing interventions
139   https://www.sciencedirect.com/science/article/pii/S2468266720300530?via%3Dihub
140   https://www.sciencedirect.com/science/article/pii/S0378512220302346
141   https://www.sciencedirect.com/science/article/pii/S2468266720300530?via%3Dihub

Solutions and Mitigation Approaches

Mental health systems recovery and improving access to mental health services

There are several approaches recommended at national and international level to **address mental health service disruption and mitigate the negative consequences of the pandemic on mental health**. Several international organisations have published guidance and advice over the course of the pandemic.

The WHO recommends[142] that **mental health services are to be enhanced and strengthened**. Other international evidence suggests that:[143][144][145]

- All adaptations in providing health services should be made according to **ethical principles**, such as **equity in the allocation of resources and access**, self-determination, non-abandonment, and respect for dignity and human rights
- Designation and prioritisation of locations for targeted mental health related interventions to reduce the impact of COVID-19 on other services and diseases
- In cases where a patient faces hardships in gaining access to services/medication, the use of **tele-medicine** should be encouraged

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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:[146]

- Applying a **whole-of-society approach** to promote, protect and care for mental health
- Ensuring **widespread availability of emergency mental health and psychosocial support**
- 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 need.[147] A similar emphasis on access to mental health services is given by the WHO European Region, with the following recommendations to member states:[148][149]

- 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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142   http://www.euro.who.int/__data/assets/pdf_file/0003/436350/strengthening-health-system-response-COVID-19.pdf?ua=1
143   https://www.who.int/publications/i/item/WHO-2019-nCoV-essential-health-services-2020.1
144   https://www.cdc.gov/coronavirus/2019-ncov/global-covid-19/essential-health-services.html
145   https://www.europeanpharmaceuticalreview.com/article/122690/effect-of-covid-19-on-treatment-of-non-communicable-diseases/
146   UN-Policy-Brief-COVID-19-and-mental-health.pdf
147   Tackling the mental health impact of the COVID-19 crisis: An integrated, whole-of-society response - OECD (oecd-ilibrary.org)
148   TAG-mental-health-COVID-19-recommendations-eng.pdf (who.int)
149   Microsoft Word - WHO-EURO-2021-2845-42603-59267-eng (003).docx

Recommendations to enable mental health recovery

Seven key themes have been identified across international policy to enable mental health recovery through a scoping review (table 7):[150]

Table 7: Key approaches to enable mental health recovery

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.[151]

- An adolescent and young adult clinic in San Francisco replaced most in-person visits with telemedicine during the pandemic[152][153]
- In Qatar, telephone/video medical consultations were provided to allow patients virtual consultations with their doctors[154]
- In Indonesia, the government launched the 'healthy mind' counselling hotline service providing accessible consultations via a trained, volunteer workforce[155]

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[156]

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 real-time population well-being[157]
- Singapore 'stories of us' campaign provides a platform to share lived experiences of the pandemic and helped to enhance connections across the community[158]

5. Improving data quality and collection

Countries should monitor changes in mental health at population level through valid, standardised and comparable measures and instruments.[159][160]

6. Increased physical activity

There is strong evidence of the benefits of physical activity to both prevent and treat mental ill health.[161]

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[162][163]

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.

150   A scoping review of international policy responses to mental health recovery during the COVID-19 pandemic - PubMed (nih.gov)
151   COVID-19 disrupting mental health services in most countries, WHO survey
152   The COVID-19 Pandemic and Rapid Implementation of Adolescent And Young Adult Telemedicine: Challenges and Opportunities for Innovation - Journal of Adolescent Health (jahonline.org)
153   A scoping review of international policy responses to mental health recovery during the COVID-19 pandemic - PubMed (nih.gov)
154   A scoping review of international policy responses to mental health recovery during the COVID-19 pandemic - PubMed (nih.gov)
155   COVID-19 mental health impact and responses in low-income and middle-income countries: reimagining global mental health (thelancet.com)
156   Singapore Together
157   Share A Story | Kansas Children's Cabinet and Trust Fund (kschildrenscabinet.org)
158   About Us – Stories Of Us
159   TAG-mental-health-COVID-19-recommendations-eng.pdf (who.int)
160   Microsoft Word - WHO-EURO-2021-2845-42603-59267-eng (003).docx
161   https://pubmed.ncbi.nlm.nih.gov/30257806/
162   TAG-mental-health-COVID-19-recommendations-eng.pdf (who.int)
163   Microsoft Word - WHO-EURO-2021-2845-42603-59267-eng (003).docx

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'[164]. The WHO *'Big Event for Mental Health'* in October 2020, called for increased global investment in mental health in the wake of the pandemic.[165]
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:[166]

- **Australia** - providing AUD 5.7 billion 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**.[167]

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164   COVID-19 disrupting mental health services in most countries, WHO survey
165   The Big Event for Mental Health (who.int)
166   Tackling the mental health impact of the COVID-19 crisis: An integrated, whole-of-society response - OECD (oecd-ilibrary.org)
167   The impact of COVID-19 on mental, neurological and substance use services (who.int)

Country insights

Learning from Low Income and Middle Income Countries

Most of the global population live in low-income and middle-income countries. The learning is summarised in figure 6[168]

Figure 6: Mental health responses to COVID-19 in low-income and middle-income countries[169]
(MHPSS=mental health and psychosocial support)
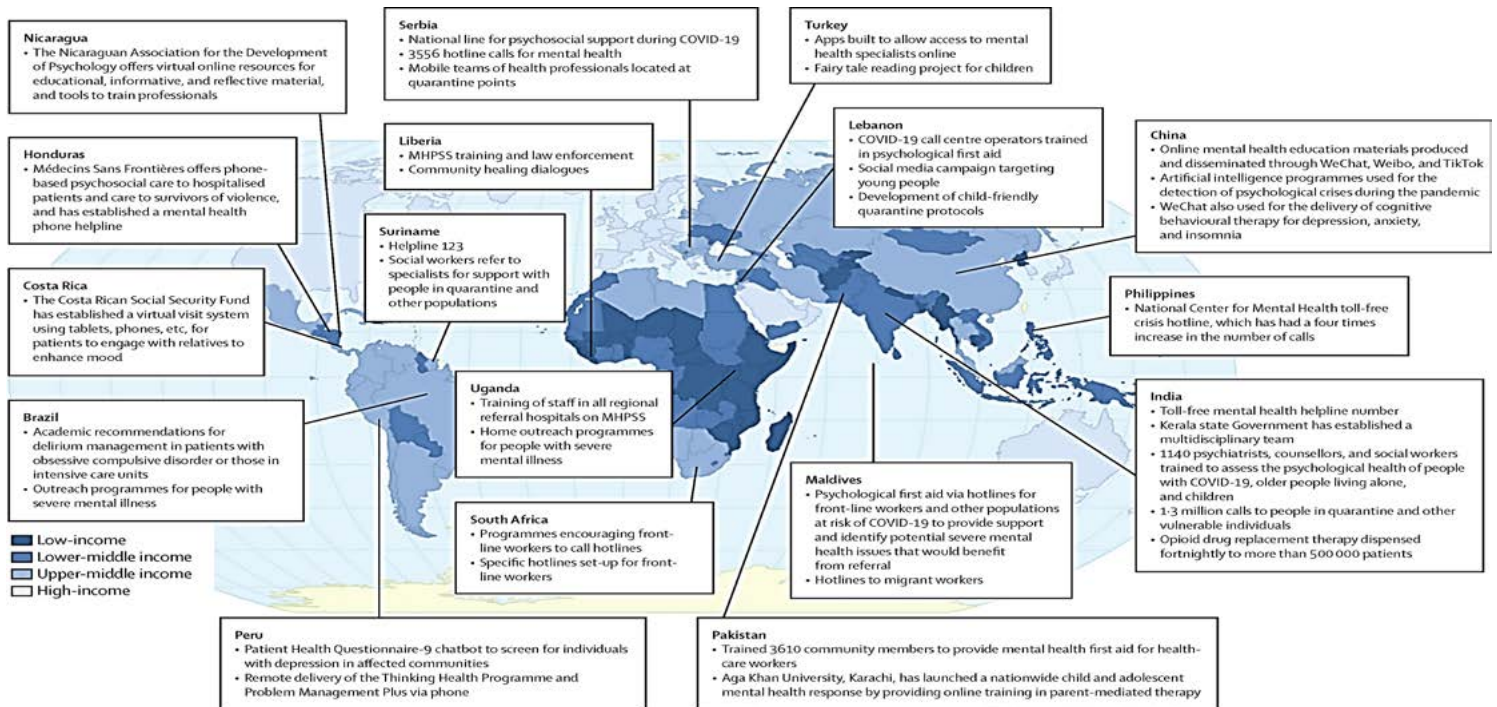
Learning from High Income Countries

Germany

A report by the German Hospital Institute (DKI)[170] presents the results of the PSYCHIATRIC Barometer[171] 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.

A study[172] analysed data from 'Telefonseelsorge' (the largest German telephone counselling helpline service) showed that the demand for services increased by 20% in the first week of lockdown[173]

A further study 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:[174]

- implementation of universal and modular prevention services
- adaptations of evidence-based psychotherapies in terms of need, content and modality

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168   COVID-19 mental health impact and responses in low-income and middle-income countries: reimagining global mental health (thelancet.com)
169   COVID-19 mental health impact and responses in low-income and middle-income countries: reimagining global mental health - The Lancet Psychiatry
170   https://www.dki.de/sites/default/files/2021-07/202106_Final_Psych-Barometer_komprimiert.pdf
171   an information and analysis tool for psychiatric care in Germany
172   https://www.econstor.eu/bitstream/10419/218885/1/1698957106.pdf
173   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")
174   https://psychologie.uni-greifswald.de/storages/uni-greifswald/fakultaet/mnf/psychologie/Positionspaper.pdf

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.[175] 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 could be taken forward to improve mental health services for the future, these include:[176]

- 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.[177] 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 support 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.[178] 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.[179]

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.[180] 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%**[181]
- 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 7)[182]

175   Mental health services in Italy during the COVID-19 pandemic - Carpiniello - 2020 - Psychiatry and Clinical Neurosciences - Wiley Online Library
176   JPX956857 642..644 (nih.gov)
177   https://www.health.govt.nz/system/files/documents/publications/covid-19-psychosocial-mental-wellbeing-recovery-plan-15may2020.pdf
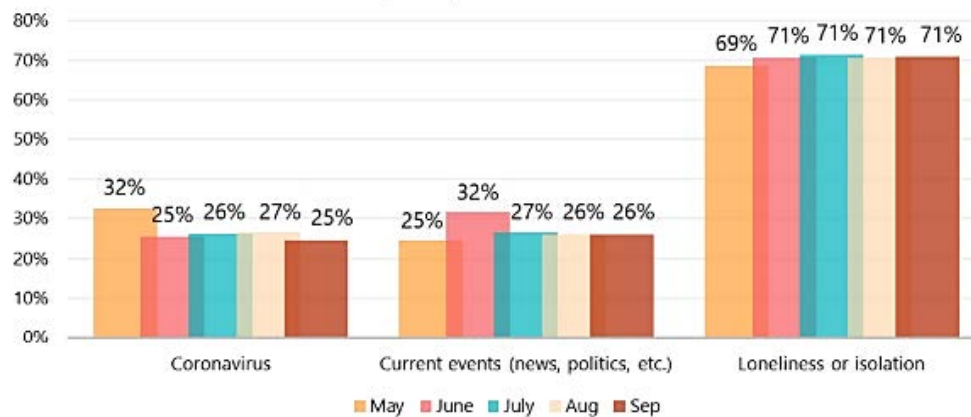178   Mental-health-impact-of-COVID-19.pdf.aspx (aihw.gov.au)
179   Mental-health-impact-of-COVID-19.pdf.aspx (aihw.gov.au)
180   The State of Mental Health in America | Mental Health America (mhanational.org)
181   cwpe2037.pdf (cam.ac.uk)
182   The State of Mental Health in America | Mental Health America (mhanational.org)

Figure 7: Top three mental health concerns May-September 2020

The 'social bubble approach'

The 'social bubble' approach has been applied by countries during the easing phase of lockdown with the general principle that each household is allowed to interact with a limited number of other households. This aim is to ease emotional distress caused by physical separation from one's loved ones.

New Zealand[183]

- Introduced the 'social bubble' approach as part of the initial 'Level 4' lockdown
- It began as a small exclusive bubble, typically centred on a single household
- Those who had to go to work were allocated to 'work bubbles', effectively small exclusive groups of colleagues, to ensure that workplaces became sites of virus containment rather than untrammelled transmission
- As transmission slowed, bubbles were permitted to expand and merge in order to meet care and support needs
- Compliance with bubble regulations has been high, even as bubbles have been allowed to expand
- Communication has been key - messages encouraged people to view this as an opportunity for connection, building relationships, and emphasising the importance of **showing compassion and kindness towards those sharing a bubble at a difficult time,** rather than an instruction for necessity or an imposition

Supporting frontline healthcare workers[184185186187]

Frontline healthcare workers need to receive support to decrease the mental well-being impact of the pandemic, this should include:

- Provide social and peer support to reduce feelings of guilt or being a burden to others for frontline workers
- Managers and team leaders to initiate a **caring and cohesive team approach**
- Special attention for staff who may be particularly vulnerable due to pre-existing experiences or mental health issues, previous traumas or bereavements, their own physical health, or concurrent pressures and loss
- Continue to actively monitor and support staff after the crisis begins to recede

183   http://eprints.lse.ac.uk/104421/
184   https://academic.oup.com/qjmed/article/113/8/531/5860841?login=true
185   https://www.who.int/publications/i/item/WHO-2019-nCoV-MentalHealth-2020.1
186   https://academic.oup.com/qjmed/article/113/8/531/5860841?login=true
187   https://academic.oup.com/occmed/article/70/5/327/5843740

Supporting children and young people

Consideration will need to be given to mental health and well-being of all children, but especially those who return to school having experienced feelings of abandonment, exclusion and alienation.[188]

- Child mental well-being could be protected by promoting parental knowledge, skills, and resources about how to talk to children[189]
- **School-based mental health services need to expand and adapt** to cope with increased demand[190]
- Child and adolescent psychiatrists need to ensure **continuity of care** with a **specific focus on children and adolescents who are already disadvantaged and marginalised**[191]
- Successful **management of stress and trauma** can lead to personal growth, which in turn reinforces the sense of competence and becomes a protective factor for coping with future stressors[192]

Key policy measures to secure the well-being of future generations[193]

1. Apply a **youth and intergenerational lens in crisis response and recovery measures** across public administration
2. Update national **youth strategies** in collaboration with youth stakeholders to translate political commitment into **actionable programmes**
3. Gather **disaggregated data on the impact** of the crisis **by age group to track inequalities and inform decision-making** (in addition to other factors such as sex, education, socio-economic background, and employment status)
4. Provide **targeted policies and services for the most vulnerable** young people, including those not in employment, education or training **(NEETs)**; young **migrants**; **homeless**; and young women, adolescents and children facing increased risks of **domestic violence**
5. Ensure health and social services **prevention, early intervention and preparedness for an increase in mental health problems**

Supporting individuals in precarious employment

There are a number of policy considerations proposed in the literature to reduce the impact of COVID-19 on those in precarious employment including:

- Systematic change to create a more adaptable workforce, including the extension of social security measures so that they can be extended between jobs[194]
- A new social contract, where the work of **all workers is recognised and protected with adequate job contracts, employment security, and social protection** in a new economy, both during and after the COVID-19 crisis[195][196]
- Efforts should be stepped up to establish, strengthen and progressively expand **social protection systems** including social protection floors[197][198]
- **Avoid increasing vulnerabilities** through gender-responsive, inclusive, accessible and targeted measures, based on social dialogue[199]

188   https://www.tandfonline.com/doi/full/10.1080/02643944.2021.1916180
189   https://www.frontiersin.org/articles/10.3389/fpsyg.2020.01713/full
190   https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7550083/
191   https://link.springer.com/content/pdf/10.1186/s13034-020-00329-3.pdf
192   https://www.mdpi.com/2071-1050/12/17/7039
193   https://read.oecd-ilibrary.org/view/?ref=134_134356-ud5kox3g26&title=Youth-and-COVID-19-Response-Recovery-and-Resilience
194   https://osf.io/preprints/socarxiv/4quga/
195   COVID-19: remaking the social contract - The Lancet
196   Is a new COVID-19 social contract appropriate? - The Lancet Public Health
197   Social Protection and COVID-19 (Coronavirus) (worldbank.org)
198   Adapting social protection in the wake of Covid-19 - Institute of Development Studies (ids.ac.uk)
199   Gender-responsive-social-protection-during-covid-19-ENG.pdf (unicef.org)

Supporting older people

According to the United Nations, immediate and longer-term policy and responses are needed across four key priorities for action to support older people throughout the pandemic:[200]

1. Ensure that difficult health-care decisions affecting older people are guided by a **commitment to dignity and the right to health**
2. Strengthen **social inclusion** and solidarity during physical distancing
3. Fully **integrate a focus on older persons** into the socio-economic and humanitarian response to COVID-19
4. **Expand participation** by older persons, share good practices and harness knowledge and data

Recommendations include to ensure continuity of adequate care services for older persons such as mental health services, palliative and geriatric care, including thorough support for unpaid care givers in homes and communities, and for paid care workers who provide home-based care or care in institutional settings.

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:

- **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[201]

Figure 8: Interventions and strategies to reduce social isolation and loneliness[202]
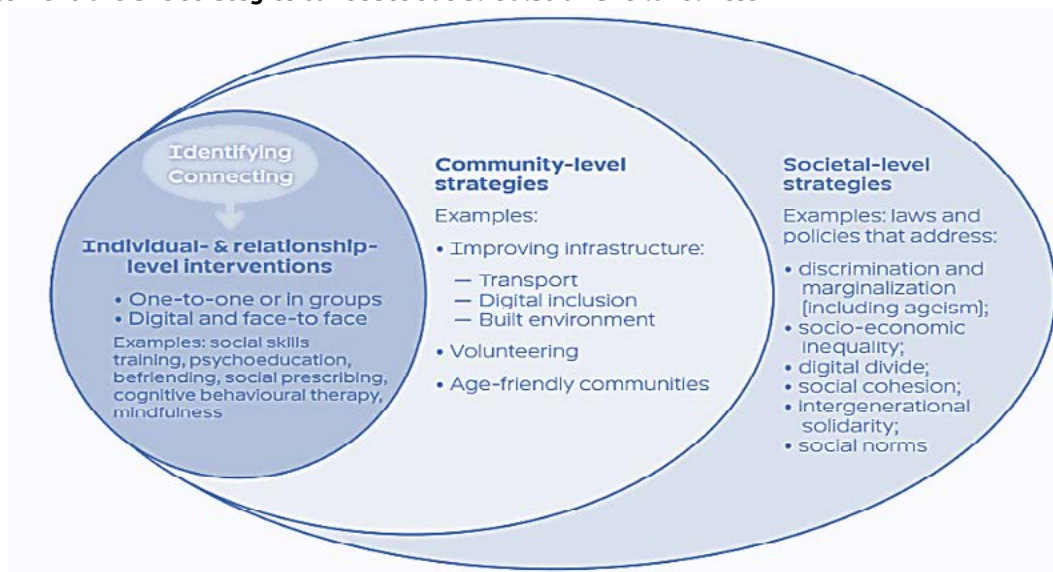
200   un_policy_brief_on_covid-19_and_older_persons_1_may_2020.pdf
201   'An invisible human rights crisis': The marginalization of older adults during the COVID-19 pandemic – An advocacy review (nih.gov)
202   https://www.who.int/publications/i/item/9789240030749

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