MENTAL HEALTH SERVICES IN THE COVID-19 PANDEMIC: **ADAPTING SERVICES AND MEETING DEMAND FOR INDIVIDUALS IN NEED**

RESPOND POLICY BRIEF
MAY 2021

EXECUTIVE SUMMARY

RESPOND is an EU-funded research project running from 2020 to 2023. The project aims to identify which groups are most at risk for adverse mental health effects due to the COVID-19 pandemic, as well as to understand which factors determine that risk. The RESPOND team will also implement and adapt cost-effective programmes to help those in need and seek to identify effective strategies to improve health system preparedness in the event of a future pandemic. This policy brief provides an update of recent findings and results from the RESPOND consortium.

RECENT FINDINGS

- Studies show an increase in COVID-19 related distress across multiple countries.
- Factors which predict a higher risk of mental health symptoms during the pandemic include: pre-existing mental health conditions, feelings of loneliness, experiencing COVID-19 infection symptoms, and higher pre-pandemic neuroticism.
- Perceived social support, self-efficacy and a tendency to positively evaluate day-to-day situations and the pandemic (positive appraisal style) were associated with higher levels of resilience.
- Mental health service demand has been suppressed during the early pandemic stages due to disruption or temporary suspension of services and access issues resulting from lockdown measures.
- There is some uncertainty concerning future impacts of the pandemic on mental health, but studies suggest that there will be a significant and long-term increase in demand for mental health services.
- Adverse mental health effects due to the pandemic may be particularly pronounced among young people, including students, women, and people living in precarious circumstances such as (labour) migrants.
- Remotely delivered psychological interventions are perceived as helpful by health workers and representatives from migrant and migrant worker populations.

KEY RECOMMENDATIONS

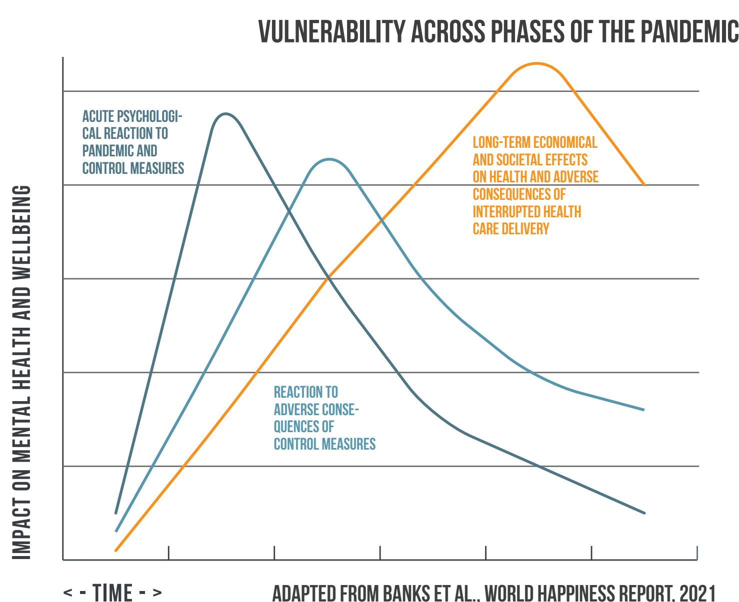
- Effective suicide prevention strategies must be implemented.
- There is a need for sustained additional funding with a focus on mental health as a public health priority during and beyond the pandemic.
- There is a need for targeted and increased psychological support for groups at greater risk of adverse mental health effects as a result of the pandemic.
- Innovative forms of service delivery, such as remote care, may help to address needs, though they must be delivered within the context of a health service that ensures access for all, including people for whom remote services may not be feasible or appropriate.
- Responses to the pandemic should attempt to address problems such as those related to loss, grief, and anxiety and also pay attention to other “non-pandemic” problems, such as interpersonal conflicts at work or not spending enough time with relatives.
- In addition to psychological support, other measures delivered by many different sectors, including social protection measures, are needed to address distress and the social determinants of mental health in specific groups.

CONSEQUENCES OF COVID-19 ON MENTAL HEALTHCARE NEEDS

- Funding for mental health services needs to be prioritised: both in the short term and after the pandemic is contained.
- Policy makers must be prepared for future demands on mental health services even after the pandemic is contained.
- Effective suicide prevention strategies must be implemented.
- Innovative forms of service delivery, such as remote care, may help to address needs, though they must be delivered within the context of a health service that ensures access for all.

The COVID-19 pandemic and associated social distancing measures have increased mental health need[1] and reduced wellbeing across affected populations[2]. Yet, there is uncertainty and variation in how the COVID-19 pandemic has impacted mental health service supply and demand across Europe. Though attention has rightly been given to the immediate effects of the COVID-19 crisis, there is growing evidence that the impact of the pandemic on mental health will be long lasting. Service use was initially suppressed but is expected to surge above normal potentially for several years. It is critical that policy makers be prepared for the fact that there will be future demands on mental health services even after the pandemic is fully contained.[3]

The first wave of the pandemic saw a drop in mental health service use as fear of COVID-19, lockdown measures and temporary service closures restricted access to services and suppressed demand. A WHO survey found that the COVID-19 pandemic had disrupted or halted critical mental health services in 93% of 130 countries while the demand for mental health was increasing[4]. Modelling suggests that mental health services will experience surges of demand over the coming three years with 11% more new referrals estimated each year[5].

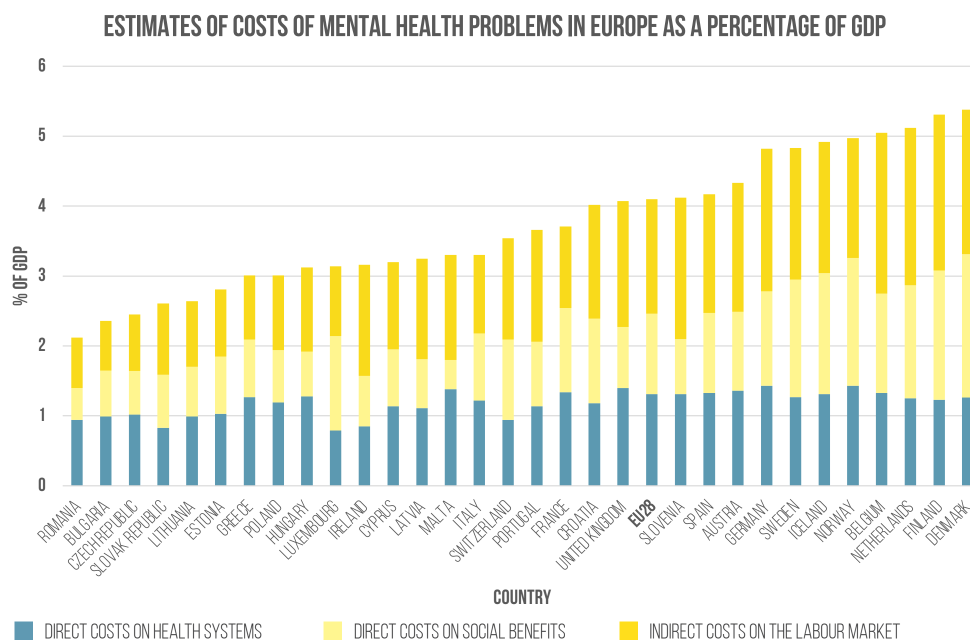


ADAPTED FROM BANKS ET AL., WORLD HAPPINESS REPORT, 2021

[1] Cénat, J.M., et al. (2021). Psychiatry Research, 295.
[2] Kwong, A.S.F., et al. (2020). medRxiv: https://doi.org/10.1101/2020.06.16.20133116
[3] McDaid, D. (2021). *European Psychiatry*, 1-5. doi:10.1192/j.eurpsy.2021.28
[4] The impact of COVID-19 on mental, neurological and substance use services: results of a rapid assessment. Geneva: World Health Organization; 2020. Licence: CC BY-NC-SA 3.0 IGO.
[5] NHS West Midlands Strategy Unit: https://strategyunit.shinyapps.io/MH_Surge_Modelling

Generally, the suicide rate in high and middle-income countries remained the same or even declined during the first months of the pandemic as compared to pre-pandemic numbers.[6] However, suicidal thoughts and behaviours were at high levels during the same period in Spain, potentially attributable to mental disorders, as well as stressful experiences related to the pandemic.[7] Other countries, such as the UK, the US, and the Czech Republic have also seen higher rates of suicidal thoughts and behaviours during the pandemic. Furthermore, the economic consequences of the pandemic could be long lasting. We know that studies from multiple countries point to an association between these economic shocks, such as the 2008-2009 economic crisis, and enduring, but time delayed adverse impacts on mental health, including suicidal behaviour[8]. Policy makers should invest in mental health services and implement effective suicide prevention strategies in recognition that there may be a delayed increase in suicide rates.

Despite the increased need for investment, mental health services are potentially vulnerable to funding cuts once infection rates decrease. Given that mental health was already a major challenge before the pandemic and that the demand for mental health services will likely increase, policy makers must take care to place mental health as a priority. Historically, funding for mental health has been neglected in times of economic crisis, whereas economic recession is associated with increases in mental health problems across populations.[9] Instead, it must be recognised that mental health recovery is a positive investment and that the economy depends on the health of its citizens. Better population mental health and wellbeing is also associated with less future need for health services and time out of employment[10].



Data retrieved from: OECD/EU (2018), Health at a Glance: Europe 2018: State of Health in the EU Cycle, OECD Publishing, Paris. https://doi.org/10.1787/health_glance_eur-2018-en

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[6] Pirkis, J., et al. (2021). *The Lancet Psychiatry*.
[7] Mortier, P., et al. (2021). Epidemiology and Psychiatric Sciences, 30.
[8] McDaid D. (2017). In Platt S (ed). Socioeconomic disadvantage and suicidal behaviour. London: Samaritans.
[9] R. M. Thomson and S. V. Katikireddi. Soc Sci Med 214 (2018).
[10] Santini, Z., et al. European Journal of Health Economics 2021. https://doi.org/10.1007/s10198-021-01305-0.

The pandemic has changed the way that healthcare is supplied, notably through the provision of online care. Though this change has been challenging, the investment in online services is likely to prove beneficial in the long term, as these services can help to reach all individuals in need of mental healthcare. There is however a risk that some service planners may rely too heavily on remote care to cut costs, thus failing to ensure access for those who do not use digital technology and widening mental health inequalities.

RISK AND RESILIENCE FACTORS

- Factors which predict a higher risk of mental health symptoms during the pandemic include: pre-existing mental health conditions, feelings of loneliness, experiencing COVID-19 symptoms, and higher pre-pandemic neuroticism.
- Large inter-individual variation in changes of mental health symptoms has been observed.
- Perceived social support, general self-efficacy, positive appraisal style, and positive appraisal of the pandemic all were positively associated with resilience.

On average the pandemic has had a modest negative impact on mental health, according to data from the first months of the crisis.[11] However, large inter-individual variations have been observed.[12] Psychological distress as a result of the pandemic can be influenced by pre-existing factors, new factors that have arisen during the pandemic, as well as individual factors.

Individuals who had a pre-existing mental health condition[13], higher levels of neuroticism before the pandemic[14], reported feelings of loneliness[15,16,17,18] during the pandemic, and experienced COVID-19 infection symptoms[19] are at increased risk for mental health symptoms.
While the general risk of anxiety and depression is typically higher in women than in men, the impact of experiencing COVID-19 infection symptoms on mental health is higher among men. This may be because women are more significantly impacted by other causes of psychological distress, such as increased childcare and family responsibilities, as well as reduced incomes due to job loss.[20]

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[11] Ottenheim N., et al. Predictors of mental health deterioration from pre- to post-COVID-19 outbreak. *Under review*.
[12] Ottenheim N., et al. Predictors of mental health deterioration from pre- to post-COVID-19 outbreak. *Under review*
[13] Andersen A.J., et al. Symptoms of anxiety/depression during the COVID-19 pandemic and associated lockdown in the community: longitudinal data from the TEMPO cohort in France. Submitted.
[14] Ottenheim N., et al. Predictors of mental health deterioration from pre- to post-COVID-19 outbreak. *Under review*.
[15] Holmes E.A., et al. Lancet Psychiatry. 2020 Jun 1;7(6):547–60.
[16] Lloyd-Evans B., et al. PloS One. 2020;15(5):e0233535.
[17] Meltzer H., et al. Soc Psychiatry Psychiatr Epidemiol. 2013 Jan;48(1):5–13.
[18] Ayuso-Mateos J.L., et al. (in press). Changes on depression and suicidal ideation under severe lockdown restrictions during the first wave of the COVID-19 pandemic in Spain: a longitudinal study in the general population. *Epidemiology and Psychiatric Sciences*.
[19] Mary-Krause M., et al. Impact of COVID-19 infection symptoms on occurrence of anxiety/depression among the French general population. Submitted.
[20] Mary-Krause M., et al. Impact of COVID-19 infection symptoms on occurrence of anxiety/depression among the French general population. Submitted.

The risk of experiencing psychological distress is also affected by differences at the individual level. An online survey of the general Belgian population captured the population's response in terms of psychological distress, health, occupational, and social risk factors at four times during 2020 (in March, April, June, and November). Changes in psychological distress were analysed as *individual effects constant over time*, *individual effects changing over time* and *pure time effects* (to capture the pandemic stages). The results show a decrease in psychological distress in June 2020 as compared to the other three periods, possibly as a result of the (temporary) lifting of the lockdown measures. However, changes in psychological distress were much more of an individual feature and were only moderately affected by the pandemic stages.

When discussing the mental health impact of the COVID-19 pandemic it is important to not only consider vulnerabilities, but also resilience. Resilience can be understood as maintaining stable mental health despite experiencing stress, or the quick recovery of mental health after stress.[21] The COVID-19 pandemic exposed people to a great amount of stress but it did not lead to worse mental health for all people.

Preliminary results from the initial phase of the pandemic show that perceived social support, general self-efficacy, positive appraisal style, and positive appraisal of the COVID-19 pandemic all were positively associated with resilience.[22] An appraisal style is the general way a person tends to evaluate day-to-day situations. People with higher perceived levels of social support, higher general self-efficacy, and a general positive appraisal style had lower stress reactivity, that is, they were more resilient. Similarly, viewing the pandemic positively also was correlated with higher resilience scores. These results highlight ways in which individual differences affect resilience, opening up potential pathways of promoting resilience and good mental health.

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[21] Kalisch, R., et al. (2015). Behavioural and brain sciences. doi:10.1017/S0140525X1400082X, e92
[22] Boegemann et al. (in preparation)

VULNERABLE GROUPS

- Adverse mental health effects due to the pandemic may be particularly pronounced among young people, including students, women, and people living in precarious circumstances such as (labour) migrants.
- Responses to the pandemic should attempt to address problems such as those related to loss, grief, and anxiety and also pay attention to other "non-pandemic" problems, such as interpersonal conflicts at work or not spending enough time with relatives.
- Remotely delivered psychological interventions are perceived as helpful by health workers and representatives from migrant and migrant worker populations.

"COVID IS A GOOD THING FOR THE EMPLOYER BECAUSE THEY CAN MAKE THE RULES MORE STRICT. (...) THEY GO MORE AND MORE FOR LABOUR AGENCIES, SO WHEN SOMEBODY IS BURNED OUT, THEY JUST CHANGE THE PERSON."

RESPOND PARTICIPANT FROM THE NETHERLANDS

The impact of the pandemic on mental health is more pronounced among certain groups. In the first phase of RESPOND, sites conducted research among stakeholders to identify the mental health needs of targeted vulnerable groups affected by the pandemic in five countries: migrants in Italy, people in social adversity in France, labour migrants in the Netherlands from Poland and Romania, healthcare workers in Spain, and long-term care facility staff in Belgium. The results were used to identify key adaptations for the WHO stepped-care programmes, *Doing What Matters in Times of Stress (DWM) and Problem Management Plus (PM+)*, in order to appropriately support these vulnerable groups in the context of the COVID-19 crisis.

A major theme that emerged from the study was anxiety and emotional distress. Healthcare workers and long-term care facility staff reported prolonged and intense exposure to death and grief, fear of infection, ethical conflicts, and loneliness. They also reported a reluctance to talk about emotions. They felt that they were the ones who provided care, not the ones who needed it. Among migrants, fear of losing their jobs and migrant status, social isolation, lack of knowledge about their rights, and poor living conditions were all cited as causes for anxiety.

Another major theme was stressful workplace conditions and job insecurity. In Italy, the crisis led migrants to accept irregular contracts making them vulnerable to exploitation and preventing them from gaining access to state benefits. In the Netherlands, labour migrants mentioned becoming unemployed or working fewer hours as their employers lost assignments, not wanting to accept night shifts due to the curfew, and fear of getting into trouble with the police. They were also worried about being fired for having COVID-19 symptoms or being forced to continue to work while having COVID-19 symptoms. They also reported getting caught in a cycle of temporary work with employees being fired after completing short-term contracts and thus denied the rights that come with longer-term employment. In addition, some employers did not enforce lockdown restrictions in the workplace, contributing to mental health distress among employees. For healthcare workers and long-term care staff, the disorganisation of work following the onset of the pandemic was frequently mentioned, in particular the disruption of professional roles, lack of personal protective equipment, excessive workload, and changing rules.

Accessing services which had become unavailable or had moved online (particularly a problem for people with low digital literacy) was also a concern. Migrants found it difficult to obtain or renew documents and were often unable to access mental health services. Some individuals were also afraid to use mental health services out of fear that it would put them at risk of losing their job or that it would affect their migrant status. Among homeless people in France in particular, difficulties in accessing information related to their residence status, the asylum process, and health services were found to be these individuals' primary sources of stress.

"I THINK THAT THE AVERAGE POLISH PERSON DOES NOT MAKE USE OF A PSYCHOLOGIST OR PSYCHIATRIST. PEOPLE DO NOT WANT TO ADMIT SO QUICKLY THAT THEY HAVE A PROBLEM. FOR MUCH TOO LONG THEY THINK THAT THEY CAN SOLVE IT THEMSELVES. AND SECOND, I THINK IT CAN ALSO BE A MATTER OF SHAME. THAT IF THEY SAY: 'I GO TO A PSYCHOLOGIST OR PSYCHIATRIST' THAT MEANS THAT YOU'RE NOT COMPLETELY OKAY."

RESPOND PARTICIPANT FROM THE NETHERLANDS

Integration and language-related issues were also raised as a problem by the interviewees. The reduction in professional and language classes made it difficult to learn the local language and gain job skills, as well as contributing to further social isolation. Labour law regulations were also stated to be unclear or incomprehensible by some migrants, contributing to their experience of discrimination and marginalisation.

Living conditions were cited as a significant problem. Poor housing conditions, often with many individuals living together in small spaces, led to an inability to follow restrictions. Homeless individuals staying at accommodation centres in France also reported that they experienced a degradation in living conditions following the pandemic and that unstable housing was a constant cause of worry.

Other vulnerable groups that have recently been identified include young people, particularly students. According to a recent French study, students had higher depression and anxiety symptoms during the first waves of the pandemic. Though symptoms improved after the first restrictions were eased, the second lockdown led to even worse symptoms than the first lockdown. Restrictive measures, such as lockdowns and curfews, have an alarmingly strong effect on students compared to non-students.[23] Measures to protect the mental health of these vulnerable groups thus need to be prioritised, both in the short and long term.

DOING WHAT MATTERS IN TIMES OF STRESS (DWM) ONLINE INTERVENTION AND PROBLEM MANAGEMENT PLUS (PM+)

- DWM is an illustrated self-help stress management guide that is one part of Self-Help Plus (SH+), a WHO group stress management course.
- DWM will be adapted into a digital online guided self-help intervention and will be delivered with support from a trained helper. People requiring more support will then receive PM+.
- PM+ is an evidence-based psychological intervention that reduces symptoms of anxiety, depression and other related conditions. It can be delivered in group and individual formats.
- PM+ has been adapted for the RESPOND project to be delivered remotely during the COVID-19 pandemic. Adaptations have also been made in response to feedback from healthcare workers and migrant groups.

[23] Macalli M., et al. The impact of the COVID-19 lockdown restrictions on mental health disorders according student status. *Submitted*.

The impact of the pandemic on essential mental health services, highlights the need for innovative remotely delivered and scalable systems to reduce distress and to support wellbeing and resilience. A core aspect of RESPOND is to deliver such a response using existing WHO interventions designed into a stepped-care approach. The project will utilise WHO's *Doing What Matters in Times of Stress (DWM)* illustrated guide for stress management and *Problem Management Plus (PM+)* psychological interventions. DWM will be delivered as a digital online intervention with support from a trained helper. People requiring more support will then receive PM+. Both interventions have been designed so that non-professional helpers can deliver these interventions, after training and under supervision. They are widely applicable to a variety of mental health problems (e.g., depression, anxiety, PTSD) and easily adaptable to different populations, cultures, and languages.

DOING WHAT MATTERS IN TIMES OF STRESS (DWM)

DWM is an illustrated self-help stress management guide that is one part of Self-Help Plus (SH+), a WHO group stress management course. It is consistent with WHO recommendations for stress management interventions and the evidence base concerning the effectiveness of guided self-help online interventions, which demonstrates that such digital courses can be as effective as in-person therapy for common mental disorders.

DWM is being adapted from a book format into a digital online guided self-help intervention. Following feedback from RESPOND sites concerning the use of, and access to, digital interventions, as well as cultural and contextual adaptation factors, the existing content of the DWM guide is being adapted to meet the needs of various user groups. DWM comprises of simple-to-read and illustrated information that provides simple techniques for stress management. It is based on Acceptance and Commitment Therapy, a modern form of Cognitive Behavioural Therapy with distinct features.[24] DWM is based on the idea that suppressing unwanted thoughts and feelings can paradoxically make problems worse and instead emphasises new ways to accommodate difficult thoughts and feelings. The techniques include mindfulness approaches to help the individual re-centre in the current moment and to notice and name difficult thoughts or feelings as they arise, thereby increasing a sense of engagement with the world around the person. Concepts to help the person live more in line with their values and to be kind to the self and others further help to reduce stress and improve resilience through social support and regular application of the techniques[25].

The DWM online interventions will follow the same narrative flow as the book, but with adaptations to increase engagement and relevance for the current health situation. It will be available in multiple languages. The original guide has been further improved through the addition of self-reflection exercises to help the user engage with the material and reflect on how they may practise and apply the techniques in their own life. In addition to illustrated and simple-to-read content, there are also audio exercises in a "toolbox" to help support practice. Crucially, DWM is being offered as a guided self-help intervention. Users will have the option of receiving a weekly call or message from a trained helper who will support and motivate their use of the intervention.

PROBLEM MANAGEMENT PLUS (PM+)

PM+ is a transdiagnostic intervention[26] that reduces symptoms of depression, anxiety, PTSD, and related conditions, is delivered by trained non-specialised workers or lay people, and is available in individual and group delivery formats. It was originally designed for in-person delivery, but similarly to other psychological interventions, can be adapted for delivery over the telephone or video-conferencing. PM+ comprises 5 weekly sessions using evidence-based techniques: of (a) problem solving, (b) stress management, (c) behavioural activation, and (d) accessing social support. Individual PM+ has been successfully implemented in Kenya[27], Pakistan[28], and in refugees in Europe[29].

[24] Epping-Jordan, J. E., et al. (2016). *World psychiatry : official journal of the World Psychiatric Association (WPA)*, 15(3), 295–296. https://doi.org/10.1002/wps.20355
[25] Purgato, M., et al. (2019). BMJ open, 9(5), e030259.
[26] Banbury, A., et al. (2018). Journal of medical Internet research, 20(2), e25.
[27] Bryant, R.A., et al. (2017). PloS medicine, 14(8), e1002371.
[28] Rahman, A., et al. (2016b). World Psychiatry, 15(2), 182.
[29] de Graaff et al. Epidem Psych Sc 2020; 29, E162.

For RESPOND, the PM+ intervention manual has been adapted to support remote delivery of the intervention during the COVID-19 pandemic and meet the different needs of healthcare workers across Spain and Belgium and migrant groups in France, Italy, and the Netherlands. The process of adaptation involved initial individual and group-based interviews with key stakeholders and members of the target population to establish that the adapted intervention is understandable, acceptable, and relevant. An advisory group was established comprising core members of each of the RESPOND project's partners and met regularly to iteratively discuss and review the manuals and ensure that findings from the interviews were incorporated.

ABOUT RESPOND

RESPOND stands for *P**RE**paredness of health **S**ystems to reduce mental health and **P**sychosocial concerns resulting from the C**O**VID-19 pa**ND**emic*. The project brings together a network of specialists in the areas of epidemiology, psychology, psychiatry, sociology, health systems research, political science, economic science, implementation science, policymaking, and dissemination and is coordinated by Prof. Marit Sijbrandij of the Department of Clinical, Neuro- and Developmental Psychology at the Faculty of Behavioural and Movement Sciences, Vrije Universiteit Amsterdam.

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