

What do we know about how to support mental health and wellbeing during the COVID-19 pandemic from past infectious disease epidemics?

The question and the problem

Symptoms of mental ill-health are common during widespread outbreak of an infectious disease, with high rates of depression, anxiety and post-traumatic stress disorder (PTSD) reported during recent epidemics, such as the recent Ebola crises and SARS-CoV-1. Elevated symptoms of mental ill-health are not limited to patients only, and are seen in healthcare workers, family members and indeed more widely across the general population. Early evidence coming from the COVID-19 pandemic demonstrates high rates of mental ill-health and mental health service provision is needed. This evidence brief summarises evidence on mental health support during COVID-19 and other recent pandemics, informing policy and practice during this crisis.

Recommendations

- **Recommendation #1:** A multi-sectoral approach is needed to address mental health issues
- **Recommendation #2:** Service provision needs to be sustainable and feasible
- **Recommendation #3:** Interventions must be adapted to meet the constantly changing demands of a novel health crisis
- **Recommendation #4:** Need for rigorous research on appropriate and effective service provision
- **Recommendation #5:** Strong communication campaigns are essential to support wellbeing and reduce disinformation

“The long-term mental health impact of COVID-19 may take weeks or months to become fully apparent, and managing this impact requires concerted effort not just from psychiatrists but from the health care system at large”

Challenges

Challenge #1: Diverse support is needed and a multi-sectoral approach is required

- Ensuring the continuity of mental health services for those with pre-existing mental illness is crucial, and many may be unable to access services due to travel restrictions
- Assessing need for services in communities is important, to best ensure the support provided is appropriate to the needs of all, whether that be patients, survivors (those who have recovered), healthcare workers or the general population
- The COVID-19 pandemic has placed burden on healthcare systems across the world, with pathways of care being severely disrupted. A multi-sectoral approach is required to address intervention and prevention needs, and address blockages to care, with support provided at places of work, school and home, as well as healthcare facilities
- Communication is key, and strategies must be rapid and effective, to counter the large volume of misinformation being spread. These messages must be accessible to all and help everyone recognise and manage the occurrence of mental ill-health. They should also address risk factors, whether that be the stigma of those who are ill or the isolation of many across the world
- While many systems-level approaches and grass-roots community efforts have been providing care, especially for those negatively affected by lockdown and isolation. However, people often don't know where or how to access this support. Information on available services and appropriate referral system is required to help minimise the treatment gap

Challenge #2: Limited sustainability and feasibility of approaches to mental health service provision

- Mental health support is often provided by international organisations across many low- and middle-income countries. When the funding stops, so may the programme. Mental health systems require strengthening through state-led funding, ensuring sustainability throughout the pandemic and beyond, especially important when many mental health issues may not be apparent for some time
- Building local capacity is a must, especially in settings with few mental health personnel. The use of mhGAP, Psychological First Aid (PFA) training and other mental health capacity building resources can help strengthen systems with limited human resources
- Appropriate supervision and support is needed for workers who may be asked to provide additional mental health support, as this is may prove to be a significant burden of care. This is a particular challenge in many low-resource settings, with few mental health specialists to provide oversight and ensure fidelity of treatment approaches
- Mental health services need to be accessible and feasible for all during this time, including for people with disabilities, women/girls, those that are homeless and other groups who are likely to face barriers to care

Challenge #3: Mental health support is challenging to provide during a pandemic as unique as COVID-19

- Mental health interventions, such as mhGAP and PFA, tend to use western and bio-medical treatment models. Cultural adaptations are needed to support, especially when countries or regions are in a state of quarantine and lockdown that may make traditional treatment options a challenge. This may include video-conferencing for talking therapy or use of social media for support groups. It is important to note, however, that some groups (such as older people or homeless populations) may face additional barriers accessing digital technologies
- Alternatives possible during quarantine should also be promoted, such as self-care practices, recreational activities and support seeking through local or international communities

Challenge #4: Available evidence is sparse and offers poor methodology

- Additional research is needed into the effectiveness of interventions and preventative programming during this pandemic. Identifying barriers and facilitators to service delivery can help health systems and policy makers allocate funds to the most appropriate solutions
- Research must follow best practice research methodology, and should include a diverse pool of stakeholders (including people with psychosocial disabilities) at all levels, from research teams to participants

How did we find answers

We conducted a review of reviews, examining systematic, narrative, and other types of review evidence on mental health support during a pandemic, focused on intervention and health system service delivery. With the COVID-19 outbreak being relatively recent, and with evidence limited, we expanded the review to include any epidemic or pandemic that has arisen in both high-income and low- and middle-income countries. This evidence note is based on the findings of 6 reviews, of which 1 focused on COVID-19, 1 on Ebola and 4 on emerging disease outbreaks more broadly (such as H1N1 Influenza, SARS, MERS and Swine Flu), including situations borne of these crises, such as quarantine and isolation.

Evidence-informed Recommendations and Actions

Key Recommendations	Actions
A multi-sectoral approach utilising effective partnership is necessary to address the multi-factorial risk of mental health issues	<i>Collaboration between service providers, both public and private, is needed to ensure a multi-sectoral approach that addresses both prevention and intervention. This is fostered by rapid and effective communication from international, national and local actors.</i>
It is essential for all mental health service delivery to be designed with sustainability and feasibility in mind to ensure services are continued even after international funding runs out	<i>Training, supervision and support are needed to build the capacity to address a growing need. Adopting internationally recognised guidance, adapted to the local context, may help alleviate difficulties of limited personnel. State-led involvement in funding streams may provide greater sustainability of programmes over the long-term.</i>
Interventions must be adapted to meet the constantly changing demands of a novel health crisis	<i>Video-conferencing sessions, whether individual or group, can help address physical barriers to access, as a result of quarantine or self-isolation. Alternative intervention support should be explored and protective factors (such as self-care and resilience) should be fostered across the population. Promotion of both physical and mental health will aid the public's wellbeing during a challenging period.</i>
Further research is needed into identifying appropriate and effectiveness service provision for mental health conditions during the health system disruption caused by COVID-19	<i>COVID-19 presents an opportunity unlike any other for data sharing and experiential learning across settings. Published research, synthesised and critiqued, will provide evidence to take forward service provision across different settings. Collaboration between implementation agents and researchers can help promote successful delivery.</i>
There is a need to strengthen communication strategies and information delivery to support coping skills and wellbeing as well as fight the rampant disinformation around COVID-19 and mental health during this time	<i>Health system approaches include the use of online portals for general information or webinars/seminars for specific psychoeducation on coping skills, burnout and other considerations. At a community-level, approaches should leverage the media sector's influence, sharing positive messages of hope, with a priority on wellbeing strategies. Encouraging engagement with peer and community-support groups through digital technologies offers people an option for mutual support</i>

Policy priorities

As recommended above, there is a need to sit mental health service provision in a sustainable system, in which the resources and personnel available can provide support over the long-term. Of course, this is easier said than done for many support systems, and it is also the duty of international donors and implementing partners to support sustainable systems and remain accountable in doing so. Multilateral organisations, such as the WHO, will continue to be well placed in providing guidance and tools, based on well-evidenced best practice that can be contextualised to a given setting. Ongoing capacity building through the field of Global Mental Health is needed to address the ongoing needs of people with mental health issues, especially at a time of such crisis, of this COVID-19 pandemic.

Conclusion

There is little synthesised evidence available on mental health service provision during the COVID-19 pandemic. Lessons learned from other outbreaks provide guidance for the current crisis, but cannot replace evidence coming from this specific situation, with it being such a unique experience across the world. Those lessons that can be learned highlight need for a cohesive, collaborative approach to ensure that provision provides support to all, whether that be interventional or a strategy to promote good mental health and wellbeing.

Included sources

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GAPS & RESEARCH NEEDS

As the COVID-19 pandemic continues, it is vital that evidence be generated on the mental health impact, service need/utilisation and service provision. Without this research, governments and other healthcare providers cannot effectively plan and provide ongoing support during and after the crisis.

For individual studies, improvements are needed in reporting on bias and a selection of samples/settings that promote the greater generalisability of findings. Evidence coming from more robust research methodologies is urgently needed if we are to establish a global standard for mental health support within the context of an infectious disease outbreak.

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