



BMJ Patient Panel

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## A patient's perspective on mental health and the pandemic

Rigorous, high quality research is needed to evaluate the mental health of populations following the covid-19 pandemic, writes **Sarah Markham**

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It is disappointing that countless critically important questions in mental health remain unanswered. Money has been wasted funding poor quality research that will be of little value to the many people who have mental health conditions. As a patient with a mental health disorder, I was sad to learn from a new living systematic review<sup>1</sup> that the “rapid pace, high volume, and limited quality of mental health evidence that has been generated during covid-19 poses a barrier to understanding mental health outcomes.” What a waste of time, money, and effort—all of which could have been spent funding research that was rigorously designed and implemented.

Based on the outcomes of this review, it is heartening to learn from data taken solely from higher quality studies that general adult mental health overall, including anxiety symptoms, don't appear to have changed in the context of the pandemic and that symptoms of depression appear to have worsened minimally. What a seeming triumph of human resilience in the face of widespread adversity.

It is interesting that the general mental health of women, but not men, seems to have worsened slightly—possibly reflecting the extra burden the pandemic placed on women, who are often primary care givers, both in families and healthcare services. Women are also more likely to be socioeconomically disadvantaged and vulnerable to domestic violence and abuse during lockdowns.<sup>2</sup>

Although it appears to be widely accepted that most nations are now past the peak of the pandemic, concerns remain about potential long term effects of covid-19 on people's wellbeing. The initial indications demonstrated in the review give us cause to be optimistic, however, at least regarding people's overall mental health. It provides a useful guide regarding the formulation of public health policy and planning concerning mental health provision and support for future pandemics and similar widespread health related events. The review indicates that in the context of large scale societal events and disturbances it might be of greater value to focus on protecting the mental health of more vulnerable cohorts rather than deploying mental health interventions at scale. It is important to note, however, that some people's mental health may be more vulnerable in the context of pandemics and their associated socioeconomic changes. For example, multiple studies have found that people with compromised immune systems have been more susceptible to anxiety than their more immunologically robust peers.<sup>3</sup>

It is also important to remember that having a mental health condition doesn't predispose you to

deterioration in the context of significant psychological, social, and economic stressors. From my experience, having a chronic mental health disorder and learning to live with it can make you highly resilient to measures such as lockdowns and other forms of social distancing—especially if you have prior experience of your human rights being qualified for the safety of yourself or others under mental health legislation.

It is regrettable but predictable that the media have generally reported the findings of poor quality studies as evidence that we are experiencing a universal mental health crisis.<sup>4</sup> Sensationalising and exaggerating human suffering is not helpful to anyone and can be harmful—especially when combined with other forms of misinformation and bias that influence policy and other decision making. If we are to improve mental health and wellbeing we need accurate information to identify, care for, and treat those in need.

Notably, no research studies from prior outbreaks of infectious disease have compared mental health during or after the outbreak with previously collected mental health data. Perhaps one of the most salient questions raised by this living systematic review is why journals are publishing poor quality studies. What is happening at the peer review level and why? And why are trained researchers not following guidance on study design, implementation, and analysis that they would have learnt at graduate school? Why do something the wrong way when you have been taught to recognise and follow the right way?

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