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NEWS

Covid-19: Mental health consequences of pandemic need urgent research, paper advises

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Research is urgently needed to help understand the mental health consequences of the covid-19 pandemic on healthcare workers and the public, researchers have argued in a position paper published in the *Lancet Psychiatry*.[1]

The paper, funded by the Academy of Medical Sciences, looks at the psychological, social, and neuroscientific effects of covid-19. It warns of major adverse consequences of the pandemic, including increased social isolation and loneliness, which are "strongly associated with anxiety, depression, self-harm, and suicide attempts across the lifespan."

The authors suggest a number of immediate and longer term actions to mitigate the mental health consequences of this pandemic and any similar future situations, including better monitoring systems and rapidly rolling out evidence based programmes and treatments that can be accessed remotely.

These priorities were informed by two surveys of the public and a panel of 24 experts, including people with lived experience of a mental health issue. The surveys, conducted by Ipsos MORI (1099 people) and the mental health research charity MQ (2198 people), were carried out in late March 2020 and asked people what concerns they had relating to mental health and covid-19, as well as what was helping them to manage. The respondents highlighted specific concerns about increased anxiety, the fear of becoming mentally unwell, and not having access to mental health services for existing and new conditions.

Monitoring and reporting

The paper brought together these concerns with currently available evidence—specifically on the 2003 epidemic of severe acute respiratory syndrome (SARS), which had a higher case fatality rate (10%) than is estimated for covid-19 (1-2%) but was less transmissible, with 8098 cases and 774 deaths.

The researchers highlighted that the SARS outbreak was associated with a 30% increase in suicide in people aged over 65, while around 50% of recovered patients remained anxious and 29% of healthcare workers experienced probable emotional distress. Meanwhile, those who survived severe and life threatening illness were at risk of post-traumatic stress disorder and depression.

The authors wrote, "Many of the anticipated consequences of quarantine and associated social and physical distancing measures are themselves key risk factors for mental health issues. These include suicide and self-harm, alcohol and substance misuse, gambling, domestic and child abuse, and

psychosocial risks (such as social disconnection, lack of meaning or anomie, entrapment, cyberbullying, feeling a burden, financial stress, bereavement, loss, unemployment, homelessness, and relationship breakdown).

"A major adverse consequence of the covid-19 pandemic is likely to be increased social isolation and loneliness (as reflected in our surveys), which are strongly associated with anxiety, depression, self-harm, and suicide attempts across the lifespan."

To combat this the researchers called for monitoring and reporting of rates of anxiety, depression, self-harm, suicide, and other mental health issues, "both to understand mechanisms and crucially to inform interventions. This should be adopted across the general population and vulnerable groups, including frontline workers.

"To optimise effectiveness of psychological treatments, they need to be mechanistically informed," the researchers advised—"that is, targeting factors which are both causally associated with poor mental health and modifiable by an intervention. A one-size-fits-all response will not suffice because the effectiveness of interventions can vary across groups."

Treating remotely

Matthew Hotopf, study author, who is vice dean of research at King's College London's Institute of Psychiatry Psychology and Neuroscience, as well as director of the NIHR Maudsley Biomedical Research Centre, said, "Knowing what is happening in real time will allow us to respond by designing more user friendly and effective ways to promote good mental health while people are in their homes. Above all, however, we want to stress that all new interventions must be informed by top notch research to make sure they work."

Emily Holmes, coauthor from Uppsala University in Sweden, said, "Governments must find evidence based ways to boost the resilience of our societies and find ways to treat those with mental ill health remotely, to come out of this pandemic in good mental health. Frontline medical staff and vulnerable groups such as the elderly and those with serious mental health conditions must be prioritised for rapid mental health support."

The authors also emphasised the need to understand the "role of repeated media consumption in amplifying distress and anxiety, and optimal patterns of consumption for wellbeing." Understanding this will enable researchers and stakeholders to develop strategies to "prevent over-exposure to anxiety-provoking media, including how to encourage diverse

populations to stay informed by authoritative sources they trust [and to] mitigate and manage the effect of viewing distressing footage," they explained. This can in turn inform evidence based media policy around pandemic reporting.

The study authors declared some interests, including funding they had received outside this work from drug companies

including Acadia, Lundbeck, Roche, Otsuka, Biogen, Eli Lilly, and Novo Nordisk.

1   Holmes EA, O'Connor RC, Perry VH, etal . Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science. *Lancet Psychiatry* 2020. 10.1016/S2215-0366(20)30168-1.