

How has the coronavirus pandemic affected our mental health?

Notes from the June 30 2020 meeting hosted by Healthwatch Islington, delivered in partnership with the NIHR UCLH Biomedical Research Centre (@uclresearch)

Session 1: Psychiatric consequences of severe coronavirus infections

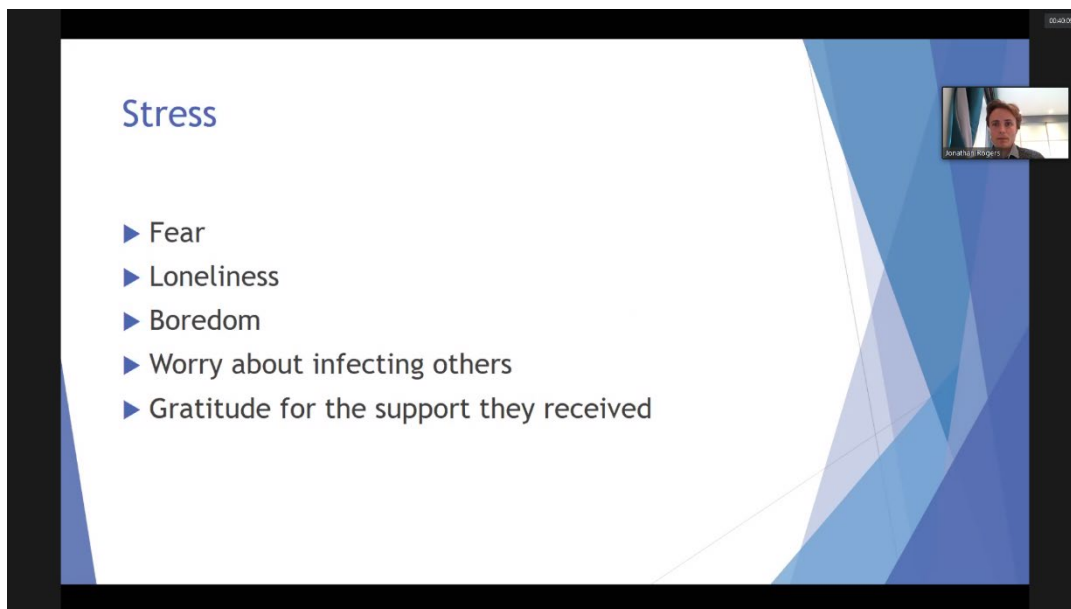
Dr Jonathan Rogers, Wellcome Trust Clinical Training Fellow, University College London (UCL)

Coronaviruses have been around forever, but Covid-19 seems to have different patterns to previous coronaviruses. However, we can learn from previous outbreaks:

- 2002, SARS (Severe acute respiratory syndrome)
- 2012, MERS (Middle East respiratory syndrome)

We can look at these previous outbreaks and how they affected the mental health of those who had the virus to help us think about how people may be affected by Covid-19.

Immediate mental health impacts:

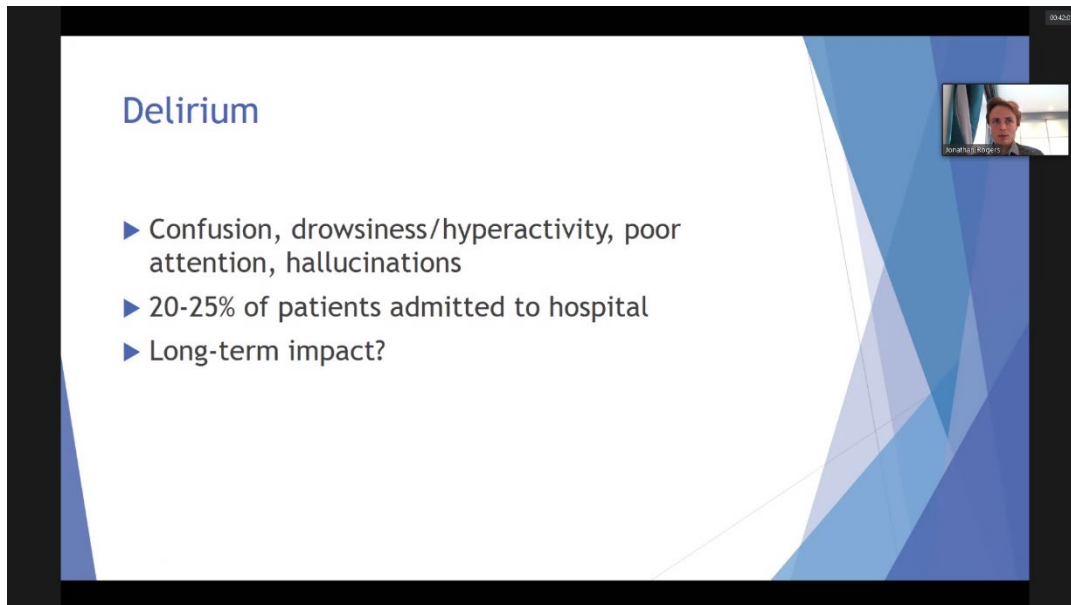


The image shows a screenshot of a presentation slide. The slide has a white background with a blue geometric pattern on the right side. The title 'Stress' is in blue. Below it is a list of five items, each preceded by a blue right-pointing triangle. In the top right corner of the slide, there is a small video inset showing a man with short brown hair, identified as Jonathan Rogers, speaking. The video inset has a name tag that says 'Jonathan Rogers' and a timestamp '00:00:00' in the top right corner.

Stress

- ▶ Fear
- ▶ Loneliness
- ▶ Boredom
- ▶ Worry about infecting others
- ▶ Gratitude for the support they received

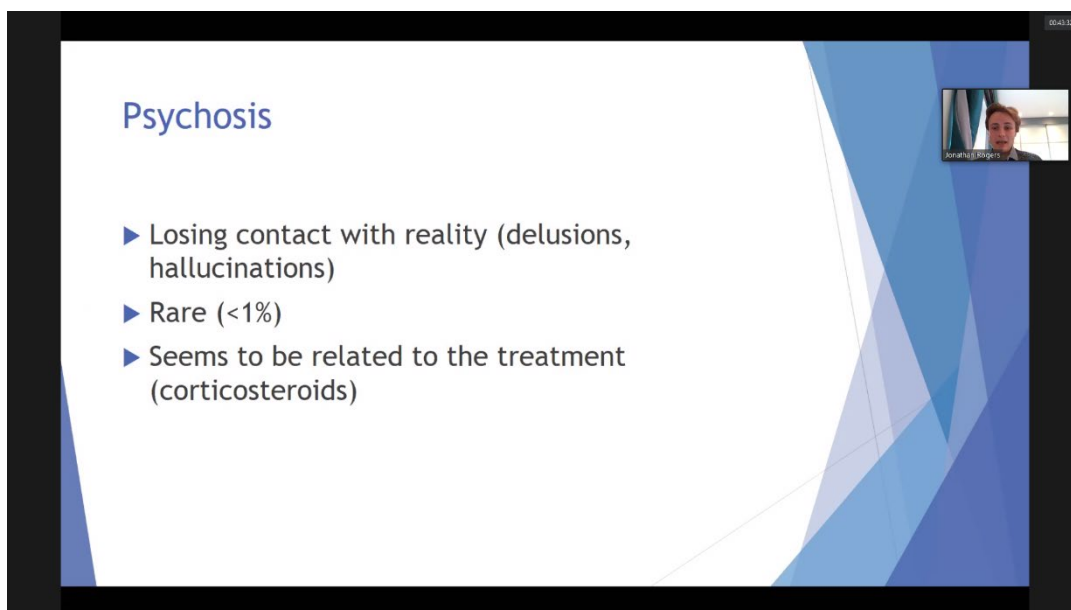
Being hospitalised with Covid-19 is unlike being hospitalised with other illnesses. All professionals will wear full PPE which doesn't help with communicating empathy or sympathy from professional to patient. Patients are also unable to have visitors and it can be challenging to stay in touch with people. Individuals can also be very worried about infecting other members of their family or close community.



Delirium

- ▶ Confusion, drowsiness/hyperactivity, poor attention, hallucinations
- ▶ 20-25% of patients admitted to hospital
- ▶ Long-term impact?

Delirium has been a common side effect of patients with Covid-19. It has been affecting a quarter to a fifth of patients hospitalised with Covid, but it often goes away as patients recover.



Psychosis

- ▶ Losing contact with reality (delusions, hallucinations)
- ▶ Rare (<1%)
- ▶ Seems to be related to the treatment (corticosteroids)

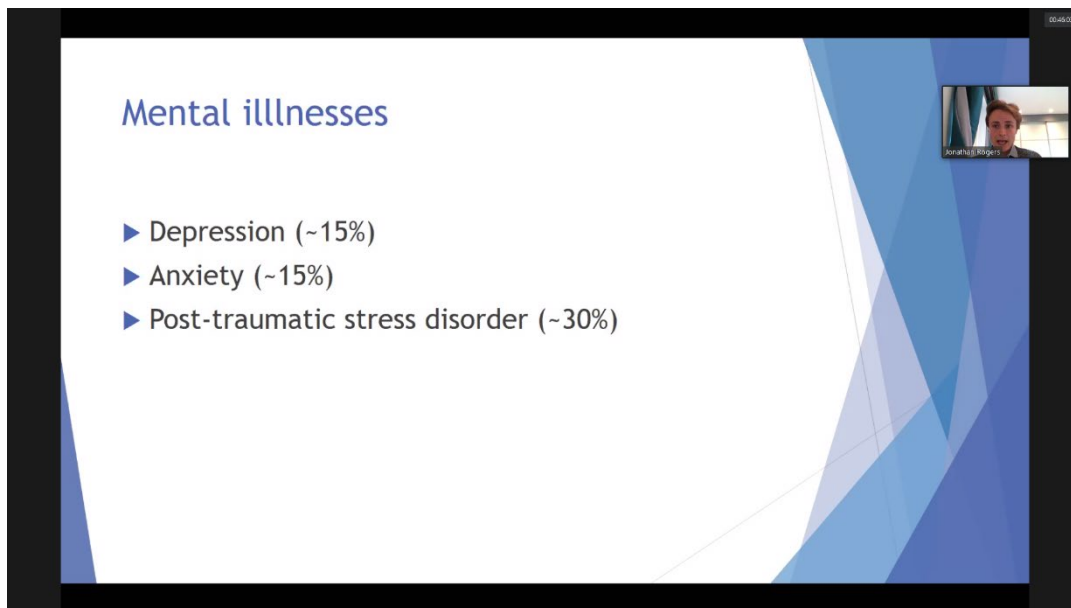
Psychosis is not linked to the Covid-19 virus but rather to the treatment (corticosteroids).

Delayed mental health impacts:

This information is drawn from what we have learnt from SARS and MERS, as we won't know about the long term effects of Covid-19 yet.

Most people who get discharged get better, although it may take a while for people to feel physically and mentally back to normal.

Once people have recovered they reported the following symptoms:



Mental illnesses

- ▶ Depression (~15%)
- ▶ Anxiety (~15%)
- ▶ Post-traumatic stress disorder (~30%)

Jonathan Rogers

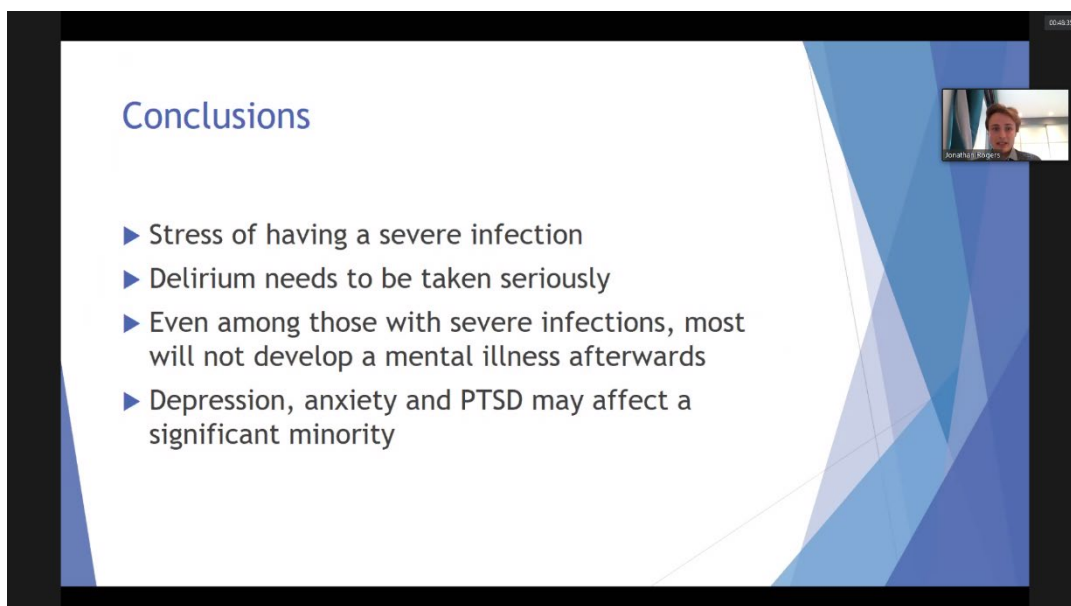
These illnesses are common in the general public as well. Post-traumatic stress disorder (PTSD) presents at a higher rate in people who have recovered from severe coronavirus infection than it does in the general public.

PTSD can be common after stays in intensive care and over the past few months many people have been admitted to ICU (the intensive care unit).

Reflections on experiences of SARS:

With SARS we found that there was some stigma around the illness, but we also found that those who had had the virus, once they were recovered, had an improved perspective on life.

Some people displayed symptoms of fatigue months later and yet these symptoms weren't taken seriously by medical professionals at the time. We need to get this right this time.



Conclusions

- ▶ Stress of having a severe infection
- ▶ Delirium needs to be taken seriously
- ▶ Even among those with severe infections, most will not develop a mental illness afterwards
- ▶ Depression, anxiety and PTSD may affect a significant minority

Jonathan Rogers

The circumstances of falling seriously ill with Covid-19 and being hospitalised are stressful and the experience could be quite traumatic for individuals. However, most patients who recover from Covid-19 are also likely to recover from any affect it's had on their mental health

Questions and answers

Q. There has been a lot of discussion about how post-Coronavirus some patients have post-viral fatigue. Do you think this could become full blown ME?

A. Anecdotally we're hearing that some patients who had milder illnesses are then experiencing ongoing fatigue once they've recovered but we don't know whether this will be long term yet.

Q. To what extent is age a factor, given that those over 70 are less likely to do well with Covid-19? Are older patients more likely to have mental health after effects?

A. Older people are more likely to experience delirium in hospital – especially if they have dementia and this may affect their memory ability for ever. Yes, we would expect this to have a bigger mental health impact on older people, especially combined with the fact that it's often harder for these patients to stay connected via digital technology to their family and friends.

Q. How representative was this research of those who speak other languages and those from BAME backgrounds – especially around getting a diagnosis and understanding how different people display symptoms?

A. It's very bad indeed (in terms of being diverse). SARS occurred in Hong Kong and the research there was often limited to a single ethnic group. Language barriers have been exacerbated because of Covid-19 as it is hard to get interpreters into hospitals and doing it via the phone is often not the same. It's an important issue that we really need to be aware of.

Session 2: Mental health impacts of lockdown

Dr Rochelle Burgess, Lecturer in Global Health at the Institute for Global Health at UCL.

For more than a decade, Dr Burgess has researched community mental health care systems and their capacity to respond to the needs of marginalised groups. Rochelle spoke about everyday stressors and mental health during the pandemic - which is linked to social and economic challenges, including grief, and financial insecurity.

The mental health impacts of lockdown – how loss, including of way of life, of loved ones, of employment, stability and structure, all impact our mental health.

It's important to think about the social causation of mental health.

MENTAL HEALTH IMPACTS OF LOCKDOWN

Isolation
1/5 people are concerned about isolation (ipsos mori,2020)

Mental health conditions
1/5 concerned about developing mental illness - primarily anxiety (11%) and Depression (7%)

Photo Credit: Neo Gilder @snapsbyneo

It is likely that the research by Ipsos Mori may have limited representation, especially as it's probably only undertaken in English.

BIASED POLICING
BAME in the UK fined at rate 26/100k vs. 16/100k for white British

Grief and Loss
Loss of connection and engagement with loved ones
Bereavement

Basic needs and mental health
44% of unemployed people worried about meeting basic needs (Mental health foundation, 2020)

ECONOMIC SHOCKS
1/5 unemployed have had suicidal thoughts and feelings in past two weeks (mental health foundation,2020) .

MENTAL HEALTH IMPACTS OF THE VIRUS

- Biased policing – People of Colour are more likely to be fined for breaking lockdown.
- Economic impacts of Covid-19 have impacted certain communities more.
- Universal Credit applications jumped by 500% early on in lockdown.

This has led to people struggling to meet their basic needs, for example getting hold of medication. It's important to consider the impact of grief and loss, not just bereavement but also loss of connection, engagement and having meaning in your life.

What can we do about this? It is all so heavy, the news makes it even heavier. Making and having meaning in life is so incredibly important. Be brave!

Community mobilization as a mental health solution



GOOD SOCIAL POLICY = GOOD MENTAL HEALTH

Universal Basic Income

Public inquiries into racialised impacts of pandemic response

Making Meaning

Social Coherence
Social contributions
Social integration

“Be Brave”

Connection and building relationships are critical to promotion of mental health

Questions and answers

Q. Those who are in work at this time have found a sense of common purpose and community togetherness during this time.

A. Yes – for instance, the example of the coming together around the NHS seemed to happen everywhere. The community coming together has become so important.

Q. I was furloughed during the pandemic and I have been feeling very sad but also guilty when I look at the news and know that people are dying. These feelings are confusing and distressing.

A. Thank you for sharing. I think this is quite a common experience, loss and then the guilt of comparison, that others’ loss is greater. We can feel sad about loss and grateful for what we do have too. Guilt around feeling sad can be a barrier to us processing those feelings. That’s why community and a sharing of how we’re feeling with others in a similar position can be so helpful.

Q. How do we do more about collecting the experiences of those from minority groups to ensure their data is included?

A. Great question. It’s really important. I’ve pushed colleagues to think about how their research is packaged and to think about working in relationship with trusted local community groups and working with these groups to develop and share messaging to those communities.

Q. In our community (question comes from Islington Bangladesh Association) people think they have the symptoms of Covid-19 when they don’t because of the greater fear that our community is worse affected than the general population.

A. We need to create opportunities for conversations that relieve some of this burden – and it sounds like you’ve been doing that already.

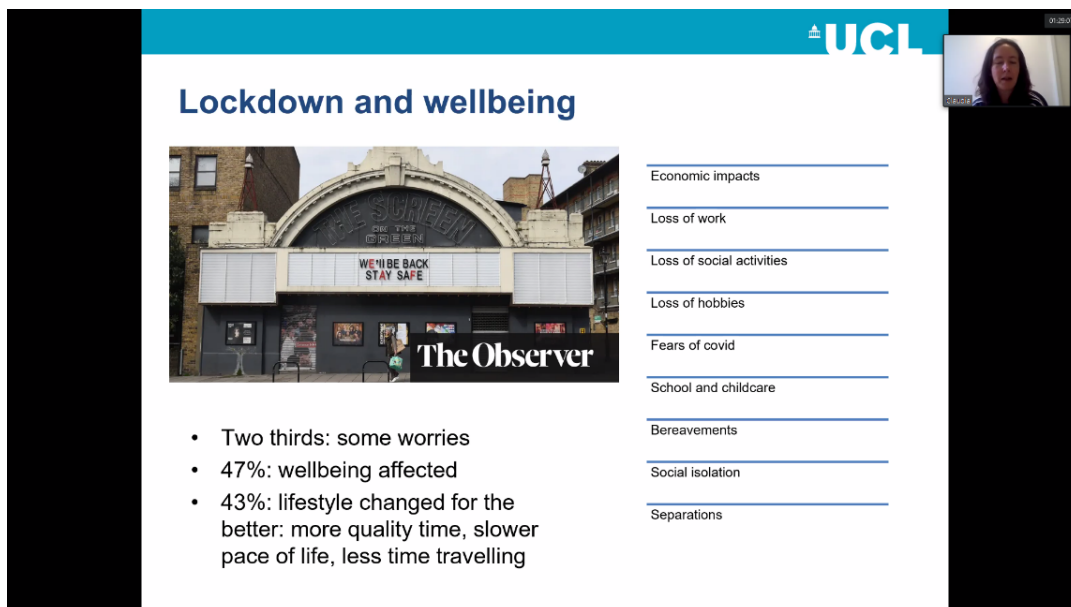
Q. For us, it can be especially hard when some of our clients have no family in this country. People need physical touch etc.

A (and summing up). We need to continue to talk to each other, we don't give it enough credit in maintaining good mental health.

Session 3: Wider social impacts of lockdown


Professor Claudia Cooper, Professor of Psychiatry of Older Age at UCL Division of Psychiatry

Professor Cooper works in the Camden Memory Service. She is interested in older people's mental health, happiness and wellbeing, and the mental health of carers of people with dementia.



UCL

Lockdown and wellbeing

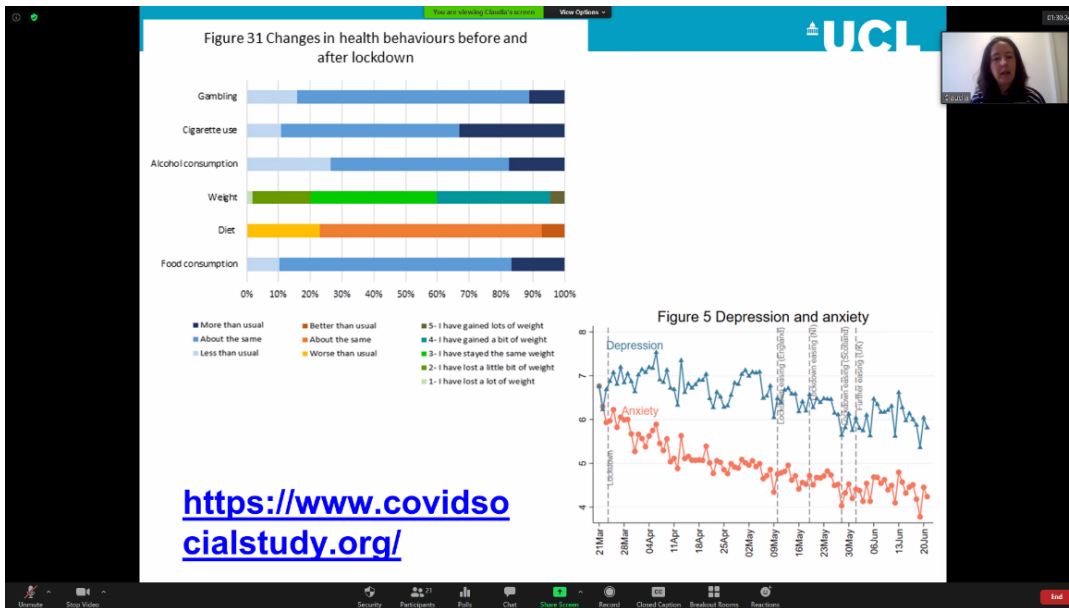


- Two thirds: some worries
- 47%: wellbeing affected
- 43%: lifestyle changed for the better: more quality time, slower pace of life, less time travelling

- _____ Economic impacts
- _____ Loss of work
- _____ Loss of social activities
- _____ Loss of hobbies
- _____ Fears of covid
- _____ School and childcare
- _____ Bereavements
- _____ Social isolation
- _____ Separations

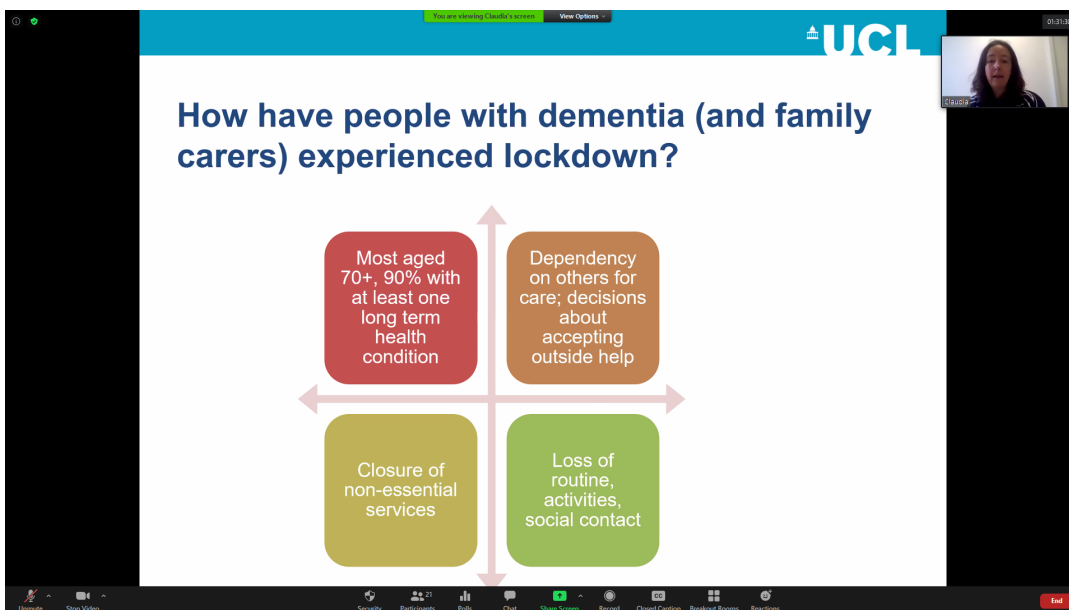
We are all experts in our own unique circumstances and although many of us have experienced the negative effects of this pandemic, there have also been some positive experiences too.

The Covid-19 Social Study:



The [Covid-19 Social Study](https://www.covidsocialstudy.org/) research from UCL is not representative but has had 90,000 responses and it clearly shows 'we're not all in this together'.

- Family carers looking after someone with dementia are experiencing crisis.
- Should external carers be coming into the home?
- How do you manage your own stresses and strains?



The NIDUS Study:

NIDUS
Centre of Excellence for Independence at Home

Supporting independence at home for people with dementia

Would you be interested in helping us?
We would like to invite family or friends who support someone living with dementia to try out a new intervention (NIDUS-family) to help people living with dementia stay independent and remain at home.

What will happen if I take part?

- You will have the opportunity to discuss the study and ask questions.
- You will be asked to complete questionnaires with a researcher at the start of the study and then 6 & 12 months after the initial call.
- If you are offered NIDUS-family, a researcher will explore what is important to you and the person you support, help develop strategies with you and signpost you to services. This might include support with getting out and about, staying healthy and safe, improving sleep, help at home and making future plans.
- We will offer you £60 in vouchers to thank you for taking part.

If you are interested in hearing more please contact...
Jessica Budgett
UCL (University College London)
Email: j.budgett@ucl.ac.uk

Research partners: Alzheimer's Society, UCL, UNIVERSITY OF BRADFORD, KINGS LONDON, UNIVERSITY OF EXETER

We worked with individuals with dementia and their family carers and they said ‘we’ve had enough of professionals setting the agenda – we want to have input’.

On this program individuals decide what they want to change and then we work together to set interventions to help them reach these goals. We have managed to continue through the pandemic and no one has dropped out.

The APPLE-Tree study:

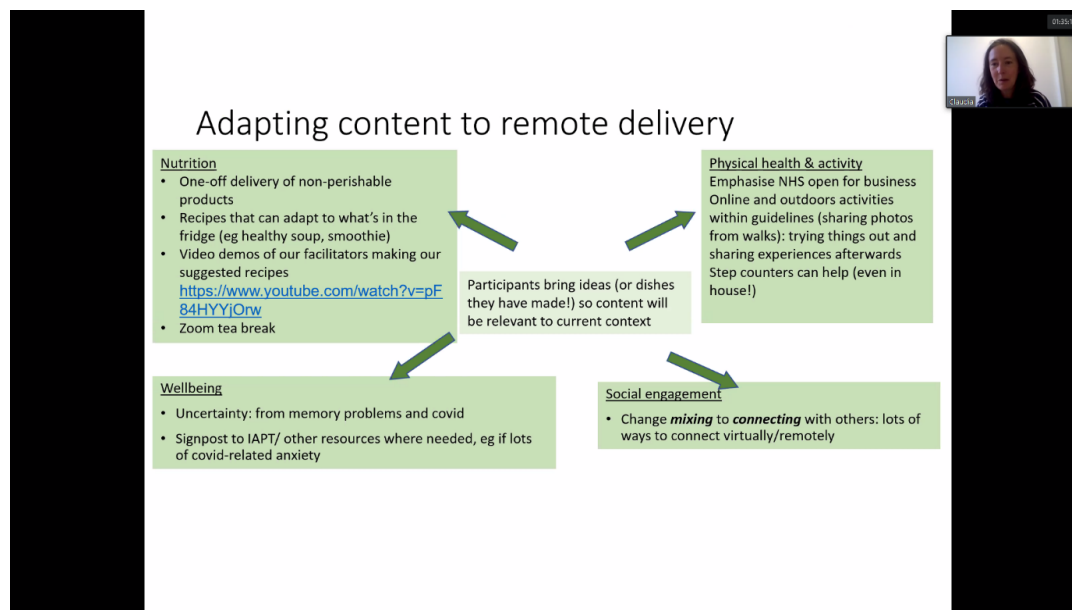
What helps prevent dementia?: The APPLE-Tree study

E·S·R·C
ECONOMIC & SOCIAL RESEARCH COUNCIL

NIHR | National Institute for Health Research

Doesn't work	Evidence	Does work
Resistance training for < 4 months	Very good evidence (Grade A)	4-6 months of: <ul style="list-style-type: none"> Aerobic exercise, twice a week 1-3 weekly combining cognitive and motor challenges (Tai Chi, dance or dumb bell training, simulated task exercise)
Self-guided meditation Goal-setting or problem focussed therapies 6 weeks of home-based mental activities Clinician-delivered lifestyle advice	Good evidence (Grade B)	4-6 months of: <ul style="list-style-type: none"> Creative art or art and story-telling groups Resistance training interventions for 6 months+ Tai Chi for 15 weeks + Two-year, dietary, exercise, cognitive training and social multi-component intervention
In-home reminiscence	Fair evidence (Grade C)	

Learning from years of research we have started a study that will begin via Zoom. We have had to adapt to operate online. We questioned whether we could talk about wellbeing at a time like this and decided it was as important as ever.



Questions and answers

Q. It's great that you are supporting family carers

A. Yes, two-thirds of our work has been directly supporting carers.

Q. Is it only for those with dementia?

A. NIDUS is, but APPLE-Tree is for those with memory problems.

Q. Is there anything available for those with dementia who don't have family carers?

A. Nothing you can directly refer into yet, but it's something we're working on. Up to now, there doesn't seem to be any research on dementia for those who don't have family carers.

Q. My Father is in a care home and towards the start of lockdown they brought an ipad so we could stay in touch with him during lockdown, when a phone call would have confused him. Simple changes like that can be made and really help!

A. We've saved loads on travel budgets over the past few months, so we want to spend this on tablets. This should help us to reach more vulnerable people (eg. Those who aren't already on Zoom).

Session 4: Practices and resources that can be helpful during lockdown

Katherine Barrett, co-chair of the North London Service User Research Forum (SURF)

SURF was set up in 2007 to encourage a more meaningful and two-way relationship between service users and researchers. SURF is a mental health specific group.

This context has been a recipe for anxiety, with the news and uncertainty. We can do a number of things that might help us:

- Talk to family, friends or professionals
- Your appetite may change, but try to eat healthily and stay hydrated
- Look after yourself and ensure you try and sleep well
- Try and stay active, especially now we're all confined to our homes or local areas
- Keep your home a pleasant space to be in – keep windows open
- If you have access to some outside space, try and spend some time outdoors
- Try and find activities that interest you – whether these are hobbies, or online activities you can participate in
- Continue to observe social distancing guidelines but you can also leave your home to get out and do gentle exercise
- You are resilient, resourceful and kind. Take time each day to think about things you are grateful for
- If you can, help others and be part of a larger network – feel connected
- Routine, structure, variety and connection – try and create a timetable for your week that include all of these

Questions and answers

Q. I've had to grapple with the mental health stress with the benefits side of things – if it wasn't for a friend helping me I don't think I'd have survived this.

Q. Islington Bangladesh Society – our clients are getting very stressed around benefits and bills etc. Our support worker has found it much harder to help people when you can't see them face to face.

Q. I am trying to find a way of navigating the world when others are acting as though lockdown was over weeks ago!

A. I would aim for early or late walk and trying to avoid busy spaces. There isn't really an answer

Q. I'm a welfare benefits advisor – I'm now seeing the impact of the virus post-lockdown. Those who were furloughed are now only back part-time and they're being massively financially effected. This has also had a big impact on the self-employed, especially if they're a limited company.

Telephone assessments – some organisations are challenging this approach, especially the behaviour of the professionals on these calls. I think lots of appeals and challenges will come out of this.

Q. I'm shielding but when talking to my GP this week I was advised to stay home. I have felt extremely isolated and have found it hard to motivate myself to participate in Zoom activities. If it's hard for me, when I'm able and articulate, it must be so much harder for others.

A. We're do sorry to hear this. Thank you for sharing – Healthwatch Islington can raise anonymous comments about this in the right places.