COVID-19 and Mental Health

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07/12/2022
Aims

- To (briefly) summarise the impact of COVID-19 on mental health (MH) of people - with a focus on vulnerable groups:
  - People with SMI
  - Older Adults
  - Children
  - Post ICU
  - Long COVID
  - Bereaved families
  - NHS clinicians
The effect of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) varies between individuals from asymptomatic infection through to respiratory dysfunction and multi-organ failure and death.

**COVID-19**

**MARCH 2020**

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23rd March “lockdown”

Healthy  

ill  

dead

Survival ≠ Recovery
COVID-19 restrictions - “lockdown”

- Remote consulting
- Dealing with uncertainty
- Managing risk

March 2020

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[Image of people waiting in a clinic]

[Image of a phone and a calendar]

[Image of two people on a video call]

[Image of chairs with a red cross on them]
What might be the impact of COVID-19 restrictions?

- **Rapid review** - 24 papers
- Most reviewed studies reported **negative psychological effects** including post-traumatic stress symptoms, confusion, and anger.
  - Stressors included longer quarantine duration, infection fears, frustration, boredom, inadequate supplies, inadequate information, and stigma.
- Some researchers suggested **long-lasting effects**.
- In situations where quarantine is deemed necessary:
  - Quarantine individuals for no longer than required.
  - Provide clear rationale for quarantine and information about protocols.
  - Ensure sufficient supplies are provided.
- Effective and rapid communication to the population is essential.
- Appeals to **altruism** by reminding the public about the benefits of quarantine to wider society can be favourable.

Facing mental health fallout from the coronavirus pandemic

29 May 2020

When it comes to life post-pandemic, what Dr Konstantinos Patsis says worries about most is mental health.

"Mental health repercussions regarding what is happening during this pandemic for people, today and beyond, will really be a problem in general," Dr Patsis says. "In general, stress behaviour for many, many people brings a lot of problems."

A neurologist by training, Dr Patsis, Greek born, specializes in general cognitive disorders and dementia and where he is currently working in La Chaux-de-Fonds in Switzerland. Since the onset of COVID-19 however, he has been redeployed, assisting in neurosurgery and recovering potential patients - the new mental health.

Emerging evidence on COVID-19’s impact on mental health and health inequalities

18 June 2020

UK ‘sleepwalking’ to mental health as pandemic takes its toll

Coronavirus uncertainty and isolation will have a greater effect on the vulnerable during winter, say charities

The COVID-19 pandemic and epidemiologic insights from recession-related suicide mortality

Taner Bastiampalvi, Stephen Allison, Jeffrey C. Loo, Julio Licinio, Ma-Li Wong & Seth W. Perry

Molecular Psychiatry (2020) | Cite this article

2047 Accesses | 4 Altmetric | Metrics

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COVID on our minds – the pandemic has placed even more strain on mental health services

by Jennifer Trueland

The pandemic is likely to have a severe impact on mental health, in a country where services could barely cope before it.

Location: UK Published: Thursday 9 July 2020
What happened?

Effects of the COVID-19 pandemic on primary care-recorded mental illness and self-harm episodes in the UK: a population-based cohort study

Effects of the COVID-19 pandemic on primary care-recorded mental illness and self-harm episodes in the UK: a population-based cohort study

Impact on…

Chen

42 years

Lives with extended family

Furloughed from work in museum

Presents to GP with anxiety about return to work

• What has changed for Chen?

• What can health and social care do to support Chen?

• What other resources/services might be available?
Impact of COVID-19 on mental health presentations

• Consistent evidence that SARS-CoV-2 infection was associated with increased risk of fatigue and sleep problems

• Possible association with increased risk of psychiatric morbidity

• “More research needed”

Impact of COVID-19 on mental health presentations

• A significant proportion of individuals experience persistent fatigue and/or cognitive impairment following resolution of acute COVID-19

• The frequency and debilitating nature of symptoms provides the impetus to characterize the underlying neurobiological substrates and how to best treat these phenomena

Impact of COVID-19 on mental health presentations

Office for Health Improvement and Disparities:
- Variation in reporting of anxiety and depression in adults over the course of the pandemic
- Particular groups more likely to report deterioration in mental health
  - Women
  - Young adults (18-34 years)
  - Adults with pre-existing medical (physical and mental) conditions (particularly older adults)
  - People from BAME communities
  - People living in deprived neighbourhoods

People with SMI (severe mental illness)

- Cohort study (Closing the Gap Network)
  - 29-35% reported being lonely

- Loneliness associated with:
  - Being younger
  - High levels of social or economic deprivation
  - Lower perceived social support

- Being lonely was associated with self-perceived deterioration in mental health

Heron P et al. Loneliness among people with severe mental illness during the COVID-19 pandemic: Results from a linked UK population cohort study. PLOS ONE | https://doi.org/10.1371/journal.pone.0262363 January 13, 2022
Impact on…

Ashraf

26 years

Lives with extended family

Has lived with diagnosis of schizophrenia for three years

• What has changed for Ashraf?

• What can services do to support Ashraf?
Older adults

- Participants described potential threats to their wellbeing during first wave of COVID-19 lockdown
- Some people adopted new strategies to protect their mental health and reduce loneliness
  - Adopting a slower pace of life
  - Maintaining routine
  - Using past coping skills
- Some people used time of lockdown to organize end-of-life affairs

"How can we support older adults at risk of depression during COVID restrictions?"


This is an impressive effort as it was organised and run during the first wave of COVID-19 (and to think I was just moping around at home in my trackpants during the same time-period). Reviewer 2
PPIE: Refinement of intervention to deliver online Patient materials (work-book) Training of SWs Interpretation of findings of qualitative data
Impact on Peter

- 82 years old
- Lives alone with a dog
- Has diabetes, COPD, and osteoarthritis

• What has changed for Peter?
• What can services do to support Peter?
Children and young people

- Factors contributing to vulnerability:
  - Social determinants of health (deprivation, poverty)
  - Special needs and disability
  - Previous MH disorder
  - Prior trauma
  - Social isolation, quarantine and loneliness
  - Separation, loss, grief
  - Disrupted home/school routines

Ryder E et al. Mental health and wellbeing of children and adolescents during the covid-19 pandemic. BMJ 2021;374:n1730 http://dx.doi.org/10.1136/bmj.n1730
Findings show that the pandemic led to pronounced deviations from existing mental health-related trajectories compared to expected levels over approximately seven years. About three-in-ten young adults reported clinically significant depression (28.8%) or anxiety (27.6%); two-in-ten met clinical cut-offs for both. About 9% reported levels of psychological distress likely to be associated with serious functional impairments that substantially interfere with major life activities; an increase by 3% compared to pre-pandemic levels. Individuals with pre-existing health conditions suffered disproportionately during the initial outbreak of the COVID-19 pandemic. Resilience factors known to support mental health, particularly in response to adverse events, were at best mildly protective of individual psychological responses to the pandemic.
CHOOSE – CHildren and yOung peOple pSychiatric diagnoses before and during the Covid-19 pandEmic

To investigate temporal trends in the incidence of primary care-recorded psychiatric diagnoses, self-harm episodes, and prescription of psychotropic medications among children and young people aged 1-24 years in the UK before and during the COVID-19 pandemic.

Funding: NIHR School for Primary Care Research
Findings – Common patterns

1. Relevant conditions/prescriptions
   - Anxiety
   - Depression
   - Personality disorder

2. Relevant conditions/prescriptions
   - Substance misuse
   - Anxiolytics

3. Relevant conditions/prescriptions
   - Eating disorders
   - Self-harm
   - ADHD

Initial analysis – do not share
CHOOSE – CHildren and yOung peOple pSyChiatric diagnoses before and during the Covid-19 pandEmic

• Substantial reduction in incident primary care contacts for all psychiatric conditions and psychotropic prescribing in first three months following initial COVID-19 restrictions (March 2020)

• For boys, incidence rates up to March 2022 for almost all outcomes examined had not returned to expected levels

• After the initial reduction, observed rates exceeded expected rates in girls for a number of outcomes:
  • eating disorders
  • self-harm
  • ADHD and ADHD medications

Initial findings – do not share
Impact on Millie

12 years
Lives with mum, step-dad and brother
Moved up to senior school in Sept 2020
Parents concerned that Millie is over-anxious
Millie is avoiding going to school

• What has changed for Millie?

• How can services work together to help Millie?
Suicide and self-harm

What has been the effect of covid-19 on suicide rates?

Suicide rates haven’t risen, but we should be cautious

Louis Appleby professor of psychiatry

Not a week passes without a story in the press about the impact of covid-19 on suicide. Claims on social media seem to appear daily. A year into the pandemic, what is the evidence? The short answer is that there has been little effect. But it’s more complex than that, as it always is with suicide statistics.

Firstly, it’s important to stress that the graphs and figures that are used to answer this question are not dry data. They represent real lives lost, real families devastated. No suicide rate, whether high or low, rising or falling, is acceptable. Even before covid-19, there were over 6000 deaths by suicide per year in the UK, an estimated 800 000 worldwide. The earliest days of the pandemic there was concern that suicide would increase. It wasn’t hard to see where the risks might come from: anxiety about infection, isolation, disrupted care, domestic escalating. It is an epidemic, a tsunami—not only misleading, but potentially harmful to people who are already struggling. One notable tweet claiming a “200% rise” in suicide was reposted 31 000 times before being taken down.9

How do we square the evidence on suicide with what surveys and calls to charities are telling us, that the pandemic has made our mental health worse? How can both be true? Perhaps as well as risks, there have been protections. We may have been more careful in lockdown to stay in touch, more alert to warning signs. In the face of a crisis, there may have been a greater sense of community, of getting through it together. Perhaps a belief too that it would soon be over, so that the distress that many felt did not become that most dangerous of moods, despair. If so, we need to recognise the continuing risk as the

‘In contrast to alarmist predictions of increasing rates of suicide as a consequence of the COVID-19 pandemic, overall rates actually declined or, at worst, stayed stable. There was a suggestion that COVID differentially impacted rates of suicide among certain groups. For example, in contrast to decline in suicide rates reported among males, rates among females decreased to a lesser extent or increased minimally.’

Post-ICU care

1 in 5 people may suffer from PTSD

What is post-traumatic stress disorder?

PTSD describes a collection in danger, or where there was feel this way when you witne as watching a loved one in i admission to hospital can inc

- Moments where you believ
- Frightening, invasive, or pai
- Moments when you receive you, or for those you love.
- Hallucinations caused by n

even months afterwards. For most people these feelings subside with time, but for other people they persist and start to impact on your life.

What are the symptoms of PTSD?

You might receive a diagnosis of PTSD if you experience these symptoms after a trauma:

- Re-experiencing the trauma as flashbacks, nightmares, or reactions in your body.
- Avoidance of thoughts, feelings, and reminders of your experience.
- Negative changes in your thoughts or mood.
- Feeling 'on guard' and 'on edge'.

You might experience unwanted memories of your trauma which can ‘pop’ involuntarily into your mind and are often accompanied by powerful emotions. Your memories might be triggered by reminders of your medical experience such as seeing a hospital drama on TV, or receiving notice of a medical appointment. You might
Bereavement due to COVID-19

At least 190,000 people have died with or from COVID-19

Consider how many people have been bereaved
Supporting bereaved relatives

• A key role for primary care
• Reaching out
• Offering support
  • *Need to be aware what is available in your locality*
How have junior doctors been impacted by COVID-19?

• Design:
  • **Qualitative study** using in-depth interviews with 15 junior doctors
  • Interviews audio-recorded, transcribed, anonymised and imported into NVivo 12 to facilitate data management
  • Data analysed using thematic analysis + constant comparison method

• Themes:
  • challenges of coping with COVID-19 (personal and organisational)
  • coping strategies (personal and organisational)
  • positive impact of COVID-19 (new ways of working, consistent teams, and increased camaraderie and support)

Spiers J et al. The challenges faced by junior doctors working during the COVID-19 pandemic: A qualitative study. [http://dx.doi.org/10.1136/bmjopen-2021-056122](http://dx.doi.org/10.1136/bmjopen-2021-056122)
How were junior doctors impacted by COVID-19?

Themes:
- challenges of coping with COVID-19
- coping strategies
- positive impact of COVID-19

“Patients were just dying in front of us so quickly and they were young”. P5

“So normally, you’re kind of working with somebody new every day almost. But we worked in teams that didn't rotate, so you had […] this team that you worked with very intensely for those four months as well, and that support structure was really good”. P5

Spiers J et al. The challenges faced by junior doctors working during the COVID-19 pandemic: A qualitative study. http://dx.doi.org/10.1136/bmjopen-2021-056122

https://tinyurl.com/ytzt94jd

Funded by NIHR RfPB
“What’s going on?”

Witnessing the emergence of a new condition.

Remote consulting

Increased workload

Dealing with uncertainty

Managing risk

'It feels endless': four women struggling to recover from Covid-19

Many people suffer effects of coronavirus for months while reporting a wider range of symptoms than NHS guidelines state:
- Coronavirus - latest updates
- See all our coronavirus coverage
Finding the ‘right’ GP: a qualitative study of the perspectives of people with Long-COVID

Methods:
Semi-structured interviews (telephone or virtual platform) with people with Long-COVID recruited through social media
Interviews digitally recorded with consent and transcribed verbatim
Thematic analysis
Findings discussed with people with Long-COVID

Kingstone T et al. DOI:10.3399/bjgpopen20X101143
Finding the ‘right’ GP: a qualitative study of the perspectives of people with Long-COVID

Findings:
30 interviews

Hard and Heavy work
Managing symptoms
Accessing care

Living with uncertainty
What is the cause of symptoms?
Is recovery possible?

Finding the ‘right’ GP
Being believed

What we need
Multidisciplinary assessment

I really have to pace myself… I have to do a chore, sit down for 15, 20 minutes and then do the next, which frustrates me, it’s like peeling potatoes, I can’t peel the carrots straight afterwards. P11

I tend to speak to different GPs every time. There was one GP who just thought it was all anxiety... she said, ”There’s nothing wrong with your lungs. This is all anxiety. You must treat your anxiety. There’s nothing wrong with you…. That was really upsetting because I knew I was short of breath …... I just felt very, very alone with no one to support me or talk to me … I really did feel very, very alone and isolated at that point. P18

My main fear is that obviously the virus is not.... it’s new, and I just hope this is not something that is in my body, and it will reactivate you know when I overdo any types of physical or mental activity. P13
Finding the ‘right’ GP: a qualitative study of the perspectives of people with Long-COVID

Findings:
30 interviews

Hard and Heavy work
  Managing symptoms
  Accessing care

Living with uncertainty
  What is the cause of symptoms?
  Is recovery possible?

Finding the ‘right’ GP
  Being believed

What we need
  Multidisciplinary assessment/management

Impact: RCGP/NICE/SIGN guideline
  RCGP online learning module on Long-COVID
  Faculty of Occ Medicine on return to work

She just listens a little bit more to what I'm saying and she's much more willing to say, “Of course, we don't really know what's going on because it's a new disease”. P 18

Well yeah, I feel like there's a lack of knowledge. And I really wasn't able to get any answers, I know you know this is obviously a novel illness. But just even for one doctor to look into it a bit and come back to me, didn't happen. P10

You'd have to have somewhere you could go and mention every symptom you've been having. P18
“Do not dismiss symptoms as due to anxiety”

- **NICE**  [https://www.nice.org.uk/guidance/ng188](https://www.nice.org.uk/guidance/ng188)
- **RCGP**
  - Top tips [https://elearning.rcgp.org.uk/pluginfile.php/160164/mod_page/content/11/V2 GA%20for%20publication%20updated%20Management%20of%20the%20long%20term%20effects%20of%20COVID-19_formatted_29.10.20.pdf](https://elearning.rcgp.org.uk/pluginfile.php/160164/mod_page/content/11/V2 GA%20for%20publication%20updated%20Management%20of%20the%20long%20term%20effects%20of%20COVID-19_formatted_29.10.20.pdf)

Believe your patient, **listen**, acknowledge their symptoms and problems, show empathy

**Listen** and believe

**DO NOT** dismiss this as a psychological problem / anxiety
Build trust
Use **shared decision-making** whenever possible
Be aware of potential cognitive problems (sometimes called Covid-19 ‘brain fog’)

Believe your patient, listen, acknowledge their symptoms and problems, show empathy

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Be aware of potential cognitive problems (sometimes called Covid-19 ‘brain fog’)
Long COVID

• Patient-preferred term
• Umbrella term
• Persisting symptoms following even mild COVID-19 infection
• A multisystem disease – wide range of symptoms

• Can be debilitating
• Long COVID is not a mental health problem

COVID-19 rapid guideline: managing the long-term effects of COVID-19 - NICE, RCGP, and SIGN
Long COVID – who is affected?

**ONS** (Oct 2022)

- **2.1 million** people living in private households in the UK (3.5% of the population) were experiencing self-reported long COVID [symptoms persisting for more than **four** weeks after the first suspected coronavirus (COVID-19) infection that were not explained by something else] as of 1st October 2022

https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/prevalenceofongoingsymptomsfollowingcoronaviruscovid19infectionintheuk/3november2022
But anxiety and depression can be co-morbid with Long COVID

- Among 236,379 patients diagnosed with COVID-19, the estimated incidence of a neurological or psychiatric diagnosis in the following 6 months was 33.6%:
  - 18% anxiety disorder
  - 13% mood disorder
  - 5% insomnia
- For patients who had been admitted to an ITU, the estimated incidence of a mental health diagnosis was 46.4%
Reflect

• What are next research questions?

• How are you?
• How were you impacted by COVID-19?
• How do you stay well?
Thank you

Any questions?

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