

COVID-19 and Mental Health



Carolyn Chew-Graham

07/12/2022

Professor of General Practice Research, Keele University
Honorary Professor of Primary Care Mental Health, Midlands Partnership Foundation Trust
GP, Chorlton Family Practice, Manchester

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



COVID-19

MARCH 2020						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4

23rd March
"lockdown"

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

Healthy

ill

dead

Survival \neq Recovery



COVID-19 restrictions - “lockdown”

- Remote consulting
- Dealing with uncertainty
- Managing risk



March 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
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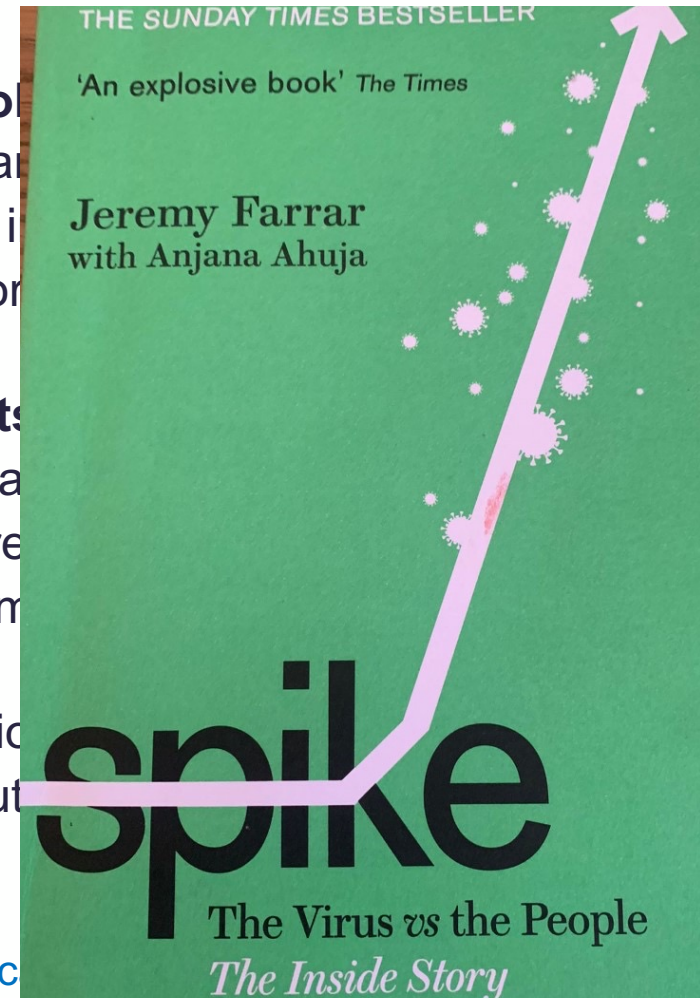
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What might be the impact of COVID-19 restrictions?

- **Rapid review** - 24 papers
- Most reviewed studies reported **negative psychological** post-traumatic stress symptoms, confusion, and anxiety
 - Stressors included longer quarantine duration, isolation, 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
 - ensure sufficient supplies are provided
- Effective and rapid communication to the population
- Appeals to **altruism** by reminding the public about their role to wider society can be favourable

Brooks SK, Webster RK, Smith LE, et al. The psychological impact of quarantine: how to reduce it: rapid review of the evidence. *The Lancet* 2020; **395**(10227): 912-20.



Facing mental health fallout from the coronavirus pandemic

29 May 2020

When it comes to life post-pandemic, what Dr Konstantinos Petsanis 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 Petsanis says. "In general, stress behaviour for many, many people brings a lot of problems."

A neurologist by training, Dr Petsanis, 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 emergencies and screening potential patients. He sees mental health



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

18 June 2020

BLOG | Evidence-Based Nursing

Is a Crisis in Mental Health the Next Pandemic?

Posted on October 4, 2020 by rheale

By Roberta Heale Deputy Editor for Social Media EBN and Alicia Grooms, M.A., V Roles & Associates Psychotherapy Services

As we enter World Mental Health Awareness Month, it's almost surreal to look back on the past few months. We have brought unexpected and momentous changes along with the most significant. Instead of welcoming the summer with vacations, patios, and barbecues, we face the stark reality that the majority of the season would be spent indoors. The world are now battling a second wave. The pandemic brought to light the mental health of individuals who previously perceived the world to be a safe place. Unfortunately, people who had experienced mental disorders and depression in the past found that these feelings were more likely to increase.



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

Tarun Bastiampillai, Stephen Allison, Jeffrey C. L. Looi, Julio Licinio, Ma-Li Wong & Seth W. Perry

Molecular Psychiatry (2020) | Cite this article

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UK 'sleepwalking' to mental health crisis as pandemic takes its toll

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

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Published: 01 September 2020

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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



ADAM SMITH INSTITUTE

27 July 2020

BRITAIN FACES MENTAL HEALTH CRISIS POST-PANDEMIC, NOVEL PSYLOCYBIN TREATMENTS NEEDED

thebmj

covid-19 Research > Education > News & Views > Campaigns >

News

Suicide rates continue to rise in England and Wales

BMJ 2020 ; 370 doi: <https://doi.org/10.1136/bmj.m3431> (Published 03 September 2020)

Cite this as: BMJ 2020;370:m3431

Article

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Gareth Iacobucci

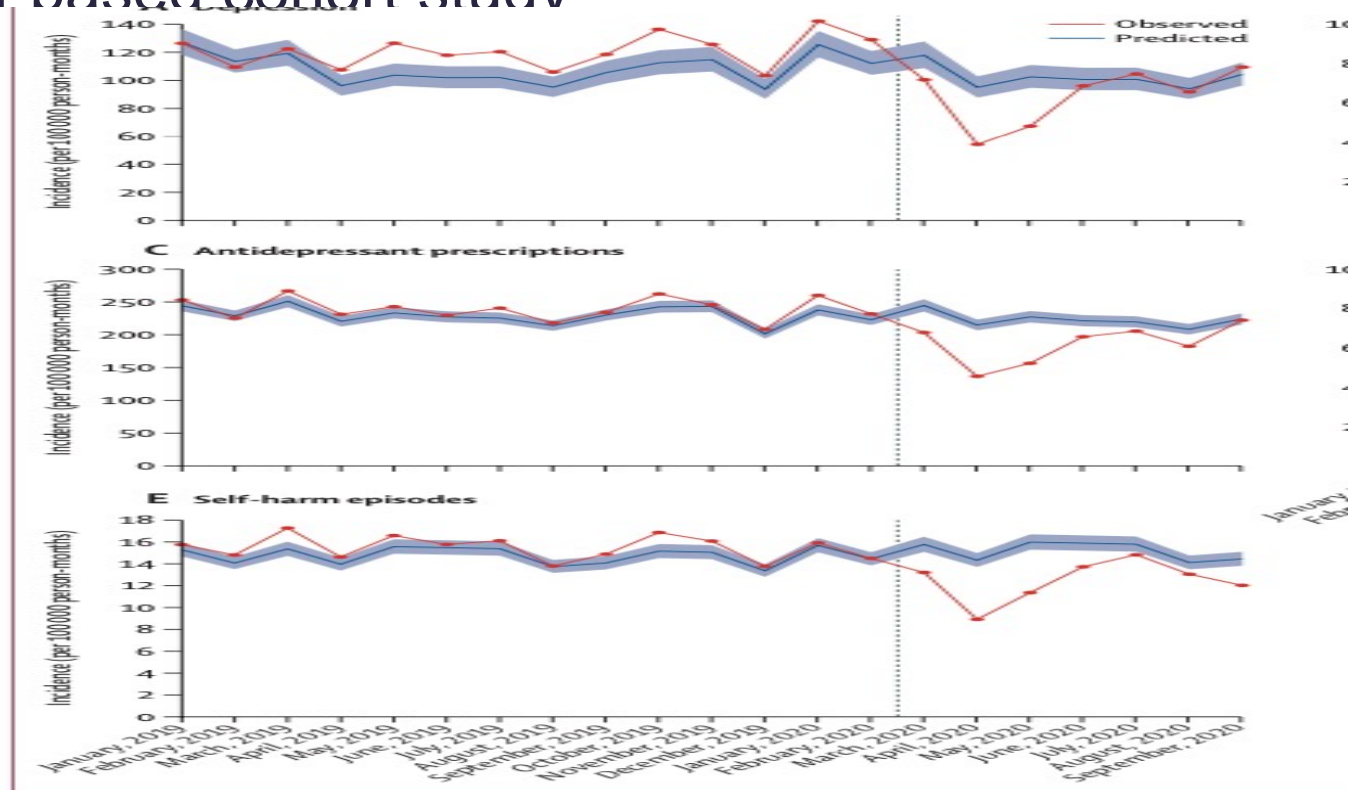
Author affiliations >

The Royal College of Psychiatrists has called for more research to understand why numbers of deaths by suicide in certain groups are increasing in England and Wales, after new figures showed a continuing rise last year.

Data published by the Office for National Statistics on 1 September showed that in 2019 the suicide rate among men and boys was 16.9 deaths per 100 000, the highest since 2000 and slightly above the 2018 rate of 16.2 per 100 000. The suicide rate among women and girls was 5.3 deaths per 100 000 in 2019, up from 5.0 per 100 000 in 2018 and the highest since 2004.

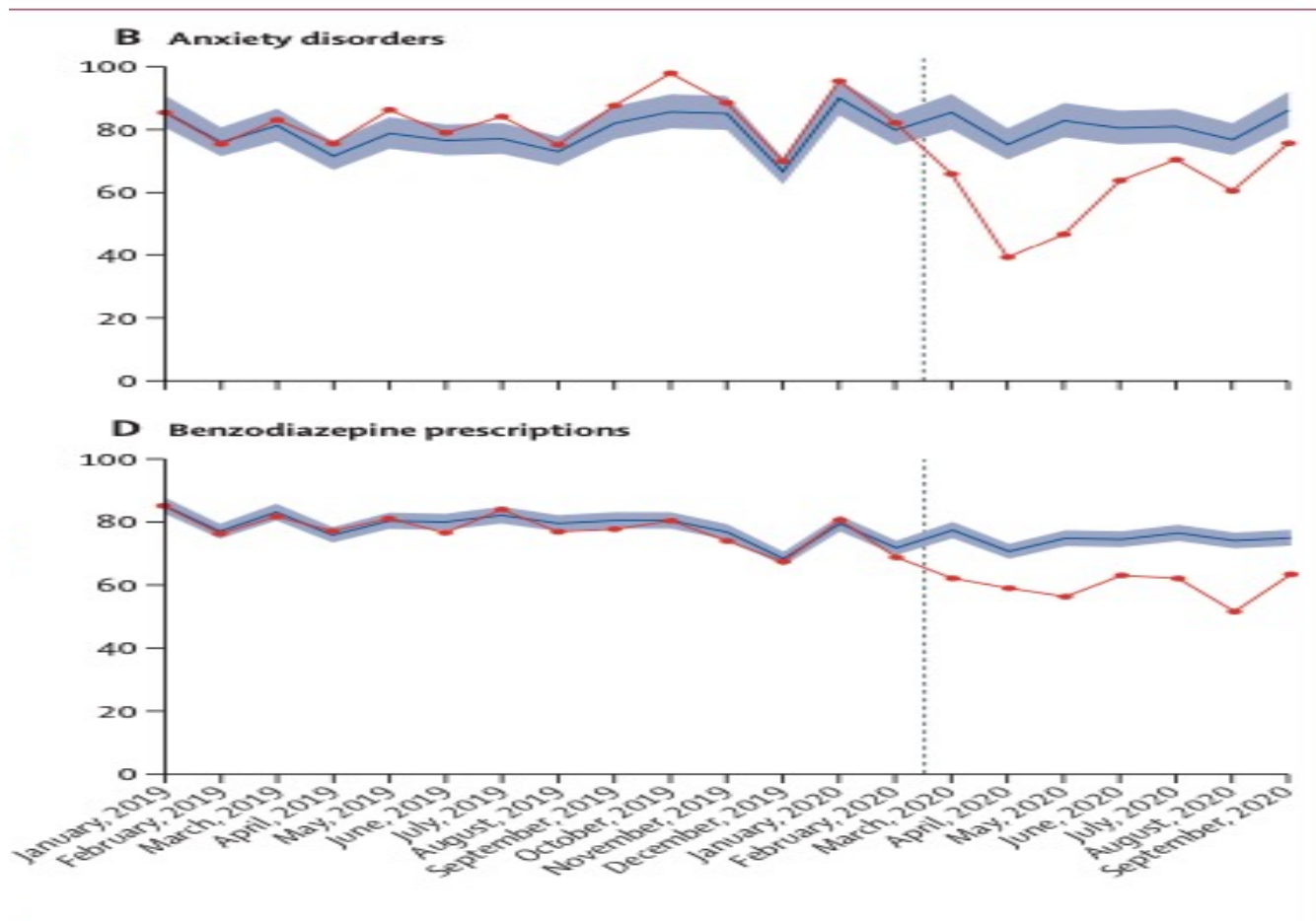
What happened?

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



Carr M, Steeg S et al. Effects of the COVID-19 pandemic on primary care-recorded mental illness and self-harm episodes in the UK: a population-based cohort study. *Lancet Public Health* 2021; 6: e124–35

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



Carr M, Steeg S et al. Effects of the COVID-19 pandemic on primary care-recorded mental illness and self-harm episodes in the UK: a population-based cohort study. *Lancet Public Health* 2021; 6: e124–35

Impact on...

Chen

42years

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”*

Abel et al, Association of SARS-CoV-2 Infection With Psychological Distress, Psychotropic Prescribing, Fatigue, and Sleep Problems Among UK Primary Care Patients. *JAMA Network Open*. 2021;4(11):e2134803. doi:10.1001/jamanetworkopen.2021.34803

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

<https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report/2-important-findings-so-far>

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

Impact on...

Ashraf

26 years

Lives with extended family

Has lived with diagnosis of schizophrenia for three years



- What has changed for Asraf?
- 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

McKinlay AR et al. A qualitative study about the mental health and wellbeing of older adults in the UK during the COVID-19 pandemic. BMC Geri 2021 Jul 26;21(1):439. doi: 10.1186/s12877-021-02367-8.

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

Urgent Public Health COVID-19 Studies

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Researchers trial intervention aimed at helping older people isolated by COVID-19

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Researchers to trial intervention aimed at helping older people isolated during COVID-19 lockdown

Posted on 20 May 2020

Researchers are to trial an intervention aimed at preventing and mitigating the onset of depression and loneliness among the

The mental health of older people coming out of lockdown

"Please don't worry that you are being a burden on the NHS..."

GP Principal Carolyn Chew-Graham discusses the challenges older people have faced during lockdown, and offers advice for those worried about the guidelines easing.



By: Age UK Published: 23rd July 2020

The coronavirus pandemic has had a profound impact on all our lives, forcing us to stay inside and reduce our contact with friends and family. And while some people will see lockdown easing, and

If you are a journalist and are interested in one of the nationally prioritised studies listed below, please contact the Press Office of the funding organisation.

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Media e Show 25 entries

Alistair Keely
Head of Med
Tel: +44 (0)11
alistair.keely@

About the
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Name	Type	Funder	Sponsor	Status	Approval Date
A phase II study of a candidate COVID-19 vaccine in children (COV006)	Both	NIHR Central Commissioning Facility (CCF)	not available	Closed	17 February 2021
BASIL+	Both	NIHR Central Commissioning Facility (CCF)	Tees, Esk and Wear Valleys NHS Foundation	Open	28 May 2020

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

Gilbody S, Littlewood E, McMillan D, C
depression and loneliness among social
BASIL COVID-19 pilot randomised con
<https://doi.org/10.1371/journal.pmed.100>



OPEN ACCESS

ORIGINAL RESEARCH

Can we mitigate the psychological impacts of social isolation using behavioural activation? Long-term results of the UK BASIL urgent public health COVID-19 pilot randomised controlled trial and living systematic review

Elizabeth Littlewood ,¹ Dean McMillan ,^{1,2} Carolyn Chew Graham ,³ Della Bailey,¹ Samantha Gascoyne ,¹ Claire Sloane,¹ Lauren Burke,¹ Peter Coventry ,^{1,4} Suzanne Crosland,¹ Caroline Fairhurst ,¹ Andrew Henry,¹ Catherine Hewitt ,¹ Kalpita Baird ,¹ Eloise Ryde ,^{1,5} Leanne Shearsmith ,⁶ Gemma Traviss-Turner ,⁶ Rebecca Woodhouse,¹ Judith Webster,⁵ Nicl Rachel Churchill ,⁸ Elizabeth Eddy,⁹ Paul Heron ,¹ Nisha Hicklin,¹⁰ Roz Shafran ,^{11,12} Osvaldo Almeida ,¹³ Andrew Clegg ,^{6,14} Tom^{rk} Andrew Hill ,⁶ Karina Lovell ,¹⁶ Sarah Dexter-Smith,⁵ David Ekers Simon Gilbody ,^{1,17}

For numbered affiliations see end of article.

Correspondence to
Professor Simon Gilbody, Health

ABSTRACT

Background Behavioural and cognitive interventions remain credible approaches in addressing loneliness and depression. There was a need to rapidly generate

WHAT IS ALREADY KNOWN ON

⇒ Older people with long-term conditions have been impacted by COVID-19 pandemic restrictions and have experienced social isolation. In turn, this puts them at risk for depression and loneliness, and these are bad for health and well-being. Psychosocial approaches, such as behavioural activation, could be helpful.

ABSTRACT

Background Behavioural and cognitive interventions remain credible approaches in addressing loneliness and depression. There was a need to rapidly generate and assimilate trial-based data during COVID-19.

Objectives We undertook a parallel pilot RCT of behavioural activation (a brief behavioural intervention) for depression and loneliness (Behavioural Activation in Social Isolation, the BASIL-C19 trial ISRCTN94091479). We also assimilate these data in a living systematic review (PROSPERO CRD42021298788) of cognitive and/or behavioural interventions.

Methods Participants (≥65 years) with long-term conditions were computer randomised to behavioural activation (n=47) versus care as usual (n=49). Primary outcome was PHQ-9. Secondary outcomes included loneliness (De Jong Scale). Data from the BASIL-C19 trial were included in a meta-analysis of depression and loneliness.

Findings The 12 months adjusted mean difference for PHQ-9 was −0.70 (95% CI −2.61 to 1.20) and for loneliness was −0.39 (95% CI −1.43 to 0.65).

The BASIL-C19 living systematic review (12 trials) found short-term reductions in depression (standardised mean difference (SMD)=−0.31, 95% CI −0.51 to −0.11) and loneliness (SMD=−0.48, 95% CI −0.70 to −0.27). There were few long-term trials, but there was evidence of some benefit (loneliness SMD=−0.20, 95% CI −0.40 to −0.01; depression SMD=−0.20, 95% CI −0.47 to 0.07).

Discussion We delivered a pilot trial of a behavioural intervention targeting loneliness and depression; achieving long-term follow-up. Living meta-analysis provides strong evidence of short-term

WHAT IS ALREADY KNOWN ON THIS TOPIC

- ⇒ Older people with long-term conditions have been impacted by COVID-19 pandemic restrictions and have experienced social isolation. In turn, this puts them at risk for depression and loneliness, and these are bad for health and well-being. Psychosocial approaches, such as behavioural activation, could be helpful.
- ⇒ Trial-based evidence is needed to demonstrate if it is possible to address the onset, or mitigate the impact, of loneliness and depression.
- ⇒ There are a few studies of brief psychosocial interventions to mitigate depression and loneliness, and it is important to know how emerging trial-based data adds to existing evidence.

WHAT THIS STUDY ADDS

- ⇒ There was preliminary evidence that levels of loneliness were reduced at 3 months when behavioural activation was offered.
- ⇒ At longer-term (12-month) follow-up, there was a potential positive impact.
- ⇒ When Behavioural Activation in Social Isolation data were assimilated into a living systematic review there is clear evidence of impact of brief psychosocial interventions on depression and loneliness in the short term. More research into the longer-term impact is needed.

benefit for loneliness and depression for cognitive and/or behavioural approaches. A fully powered BASIL trial is underway

PPIE:
Refinement of intervention to deliver online
Patient materials (work-book)
Training of SWs
Interpretation of findings of qualitative data

Impact on

Peter

82years

Lives alone with 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>

OPEN

The impact of the initial COVID-19 outbreak on young adults' mental health: a longitudinal study of risk and resilience factors

Anna Wiedemann^{1,2,3}✉, Jan Stochl^{1,3,4}, Sharon A. S. Neufeld¹, Jessica Fritz^{1,5}, Junaid Bhatti¹, Roxanne W. Hook¹, NSPN Consortium*, Ian M. Goodyer¹, Raymond J. Dolan⁶, Edward T. Bullmore¹, Samuel R. Chamberlain^{7,8}, Peter Fonagy⁹, Jesus Perez^{1,2,3,10,11} & Peter B. Jones^{1,2,3}

Few studies assessing the effects of COVID-19 on mental health include prospective markers of risk *and* resilience necessary to understand and mitigate the combined impacts of the pandemic, lockdowns, and other societal responses. This population-based study of young adults includes individuals from the Neuroscience in Psychiatry Network ($n = 2403$) recruited from English primary care services and schools in 2012–2013 when aged 14–24. Participants were followed up three times thereafter, most recently during the initial outbreak of the COVID-19 outbreak when they were

*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.

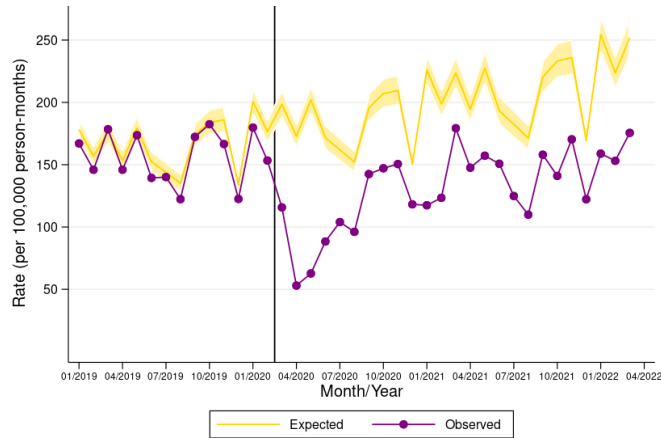
CHOOSE – CHildren and yOung peOple pSychiatric diagnoses before and during the Covid-19 pandEmic

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



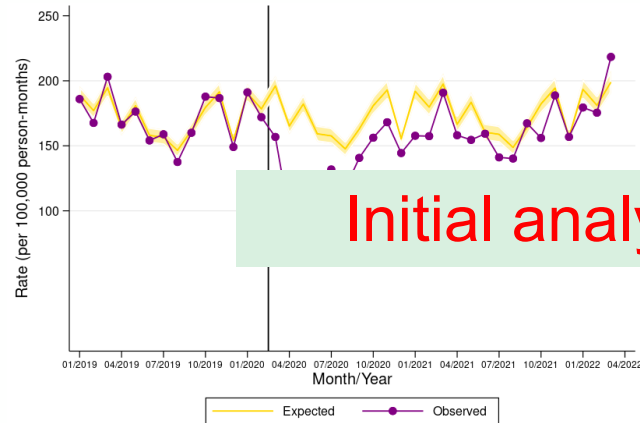
Relevant conditions/ prescriptions

Anxiety

Depression

Personality disorder

2



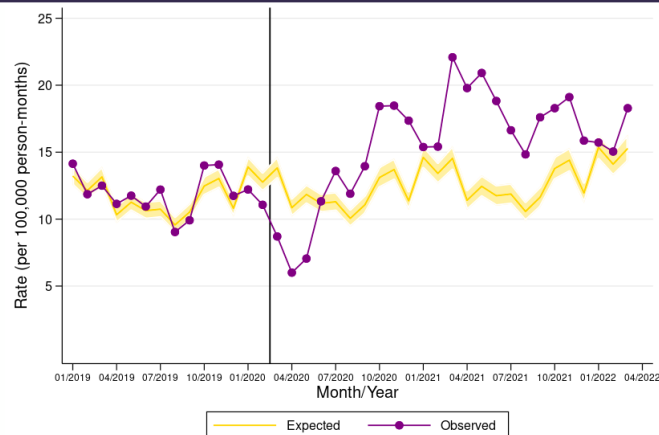
Relevant conditions/ prescriptions

Substance misuse

Anxiolytics

Initial analysis – do not share

3



Relevant conditions/ prescriptions

Eating disorders

Self-harm

ADHD

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 all outcomes remained at or below expected levels
Initial findings – do not share almost expected
- After the initial reduction, observed rates **exceeded** expected rates in girls for a number of outcomes:
 - eating disorders
 - self-harm
 - ADHD and ADHD medications

Impact on

Millie



12 years

Lives with mum, step-dad and brother

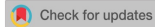
Moved up to senior school in Sept 2020

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



University of Manchester, UK

Louis Appleby@manchester.ac.uk Follow
Louis Appleby on Twitter @ProfAppleby

Cite this as: *BMJ* 2021;372:n834
<http://dx.doi.org/10.1136/bmj.n834>

Published: 29 March 2021

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.¹

From the earliest days of the pandemic there was concern that suicide would increase.² 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.³ One notorious tweet claiming a “200% rise” in suicide was reposted 31 000 times before being taken down.⁴

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

BMJ: first published as 10.1136/bmj.n834 on 29 March 2021.

Editorials

Suicide prevention and COVID-19: the role of primary care during the pandemic and beyond

Faraz Mughal, Allan House, Nav Kapur, Roger T Webb and Carolyn A Chew-Graham

British Journal of General Practice 2021; 71 (706): 200-201. DOI: <https://doi.org/10.3399/bjgp21X715637>

Article

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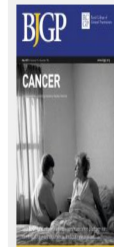
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The COVID-19 pandemic has brought with it multiple threats to mental wellbeing — the possibility or reality of serious physical illness; complex COVID-related bereavement; lockdowns that cause isolation and inhibit social contact, or that can increase exposure to abuse in the family; caring for children unable to go to school; and precarious employment and redundancy, failing businesses, and financial insecurity. The pandemic has exacerbated the longstanding pressure on resources and underinvestment in both statutory mental health and wider community services. Against this background we outline the current evidence for impact of COVID-19 on self-

In this issue



British Journal of General Practice
Vol. 71, Issue 706
May 2021
[Table of Contents](#)
[Index by author](#)

‘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.’

Tandon R. <https://dx.doi.org/10.1016%2Fj.ajp.2021.102695>

Post-ICU care

Clinical Intelligence

Anna K Taylor, Christine Fothergill, Carolyn A Chew-Graham, Serena Patel and Anton Krige

1 in 5 people may suffer from PTSD

Identification of post-traumatic stress disorder following ICU

Critical Illness, Intensive Care, And P

What is post-trau

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 pa
- 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'.

- **Re-experiencing the trauma as flashbacks, nightmares, or reactions in your body.** 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

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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*




[What is COVID-19?](#)

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Grief and Bereavement

The COVID pandemic has seen people we know experience first-hand the viral infection and its far reaching impact. These people may be family members, close friends or a person you were in hospital with, and in some cases this may have sadly resulted in them having lost their lives.

It can be incredibly challenging to cope with the grief and the bereavement of a

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Local services

Child Bereavement Service: the service, delivered by Gaddum, is a counselling service working with children, adolescents (up to the age of 18) and their parents in Salford.

The service can offer practical support and guidance to families, individuals, professionals and anyone concerned about a grieving child.

Contact details:

- Telephone: 0161 834 6069
- Email: info@gaddum.co.uk
- Website: [Gaddum Centre](#)

Greater Manchester Bereavement Service: can help to find support for anyone in Greater Manchester that has been bereaved or affected by a death.

Contact details:

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)

How were junior doctors impacted by COVID-19?

Themes:

- challenges of coping with COVID-19

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

- coping strategies

“So I cried a lot outside. Because it was getting warmer so you could go outside. Hug a tree, cry”. P14

- positive impact of COVID-19

“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.

MAY 2020						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
26	27	28	29	30	1	2
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31	1	2	3	4	5	6

Printable Calendars by Belacalendars.com

Remote consulting



Increased workload



Dealing with uncertainty

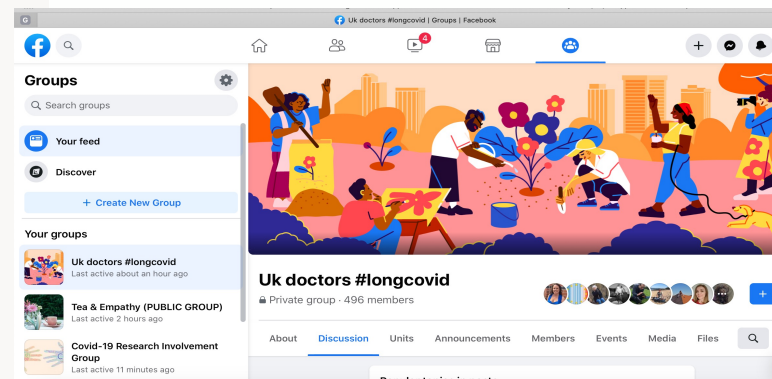
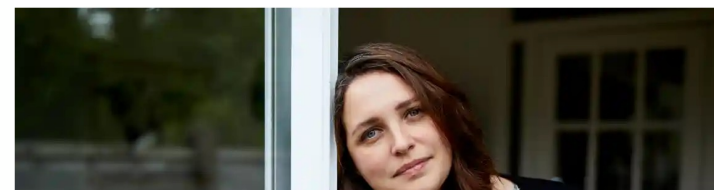
Managing risk



'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

PPIE

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 breathI 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

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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>

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

• Top

[http](http://)

GA

ng

• Lea

[http](http://)

•BJC

<https://>

families

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’)

[t/11/V2](https://www.nice.org.uk/guidance/ng188/t/11/V2)
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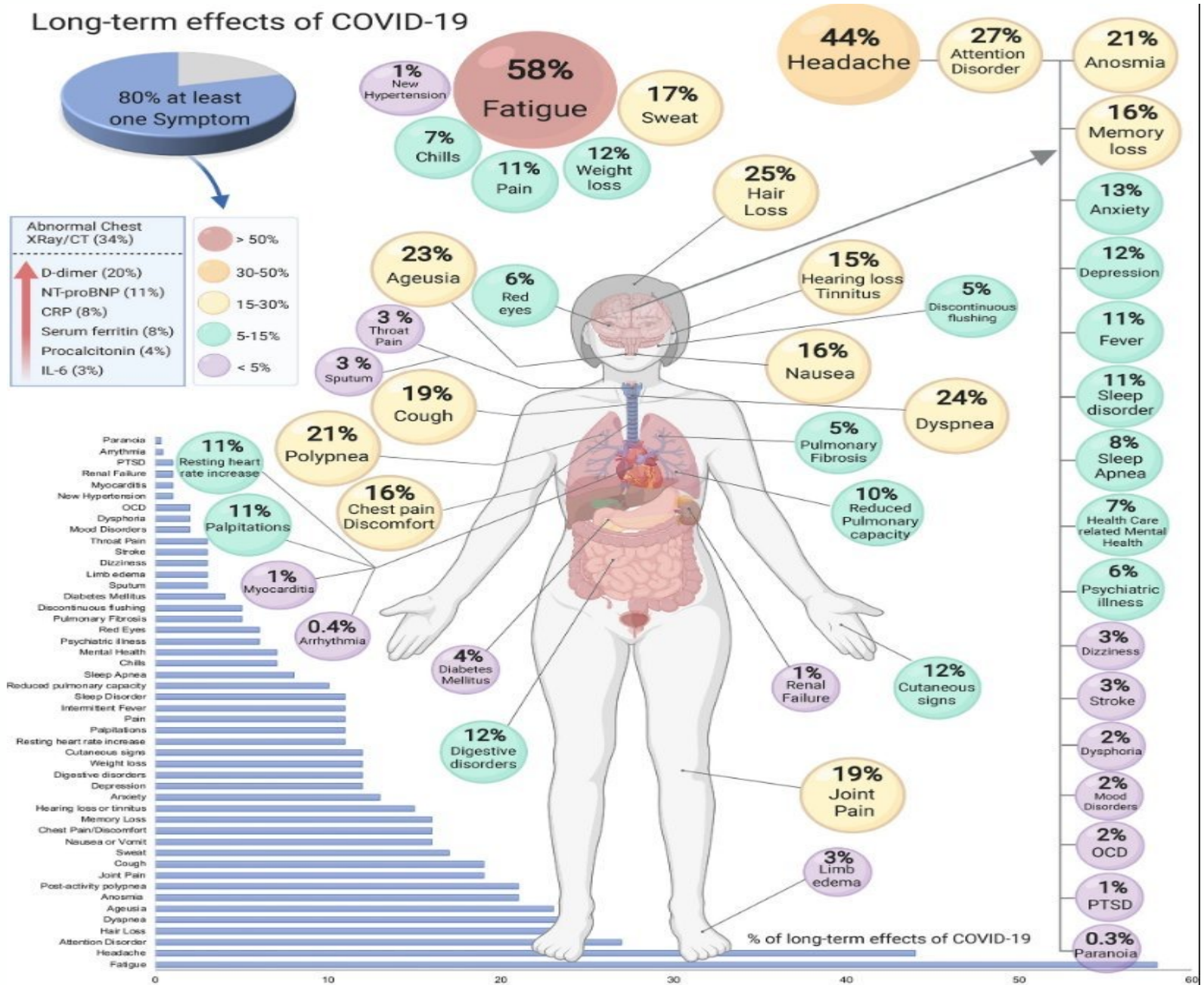
Long COVID

- 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

<https://www.nice.org.uk/guidance/ng188/resources/covid19-rapid-guideline-managing-the-longterm-effects-of-covid19-pdf-51035515742>

Long-term effects of COVID-19



Long COVID – who is affected?

ONS (Oct 2022)

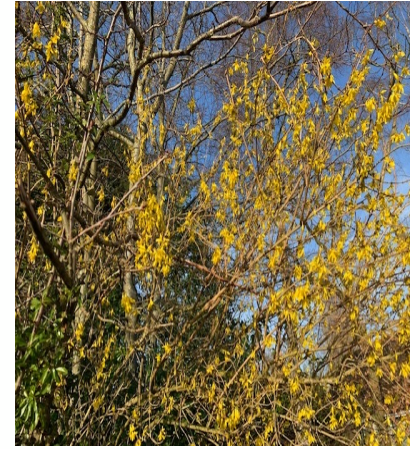
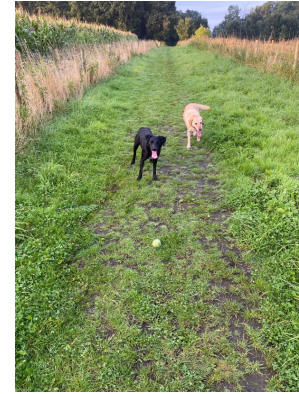
- **2.1 million** people living in private households in the UK (3.5% of the population) were experiencing self-reported long COVID [symptoms persisting for more than **four** weeks after the first suspected coronavirus (COVID-19) infection that were not explained by something else] as of 1st October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

Keele University
Newcastle-under-Lyme
Staffordshire
ST5 5BG
+44 (0)1782 732000

c.a.chew-graham@keele.ac.uk

@CizCG