



RESPOND

**SUPPORTING MENTAL
HEALTH OF VULNERABLE
GROUPS DURING COVID-19:
EARLY FINDINGS AND
RECOMMENDATIONS FROM
THE RESPOND PROJECT**

**RESPOND POLICY BRIEF
NOVEMBER 2021**

EXECUTIVE SUMMARY

RESPOND is an EU-funded research project running from 2020 to 2023. The project aims to identify which groups are most at risk for adverse mental health consequences due to the COVID-19 pandemic in the short, mid and long term, as well as to understand which factors determine that risk. The RESPOND consortium is currently adapting and implementing cost-effective programmes to help those in need and identifying effective strategies to improve health system preparedness in the event of a future pandemic. Recent findings and key recommendations from work completed under RESPOND are presented here, along with findings from recent literature reviews.

RECENT FINDINGS

- Young people and students are more negatively impacted by lockdown restrictions and have fewer mental health resilience resources.
- Women are more likely to have additional carer or household responsibilities due to the pandemic and have on average lower salaries, less savings, and less secure employment.
- People who have financial and work-related difficulties during the pandemic are at risk of increased psychological distress.
- Older people have been negatively impacted by decreased physical activity following the lockdown restrictions.
- During the first wave of the pandemic, undocumented migrants had a higher probability of depression, increased food insecurity, and of losing their job.
- Three work-related stressors (access to personal protective equipment, changes in job functions, and patient prioritisation decisions) were directly associated with depressive symptoms, psychological distress, and suicidal ideation among healthcare workers in Spain.

KEY RECOMMENDATIONS

- Public health and educational systems need to implement interventions and long-term strategies to reduce psychological distress among students and young people.
- Programmes to reduce stress among healthcare workers caused by high workload, high job demand, and other negative work experiences need to be established.
- Support for homeless people, refugees, asylum seekers, migrants, and minority populations needs to be prioritised with a particular focus on improved access to healthcare.
- Remote e-mental health services should be scaled up, while continuing to ensure older people and those who are less digitally literate are able to access services.
- Funding programmes for longitudinal research should be part of a Europe-wide research agenda with the aim of providing transferable evidence-based practices to scale up mental health support, as well as social and economic support for healthcare authorities and health managers.
- A Europe-wide digital infrastructure for accurate mental health information, mental health interventions, and mental health research should be established.



INTRODUCTION

The COVID-19 crisis has caused a significant increase in mental health problems worldwide. Alarming, there has been a 27.6% increase in cases of depression and a 25.6% increase in cases of anxiety, according to a recent study published in The Lancet, which modelled prevalence rates of anxiety and depression from pre to post-pandemic levels.¹ Mental disorders were already a major health problem before the pandemic and have suffered from underfunding and neglect.

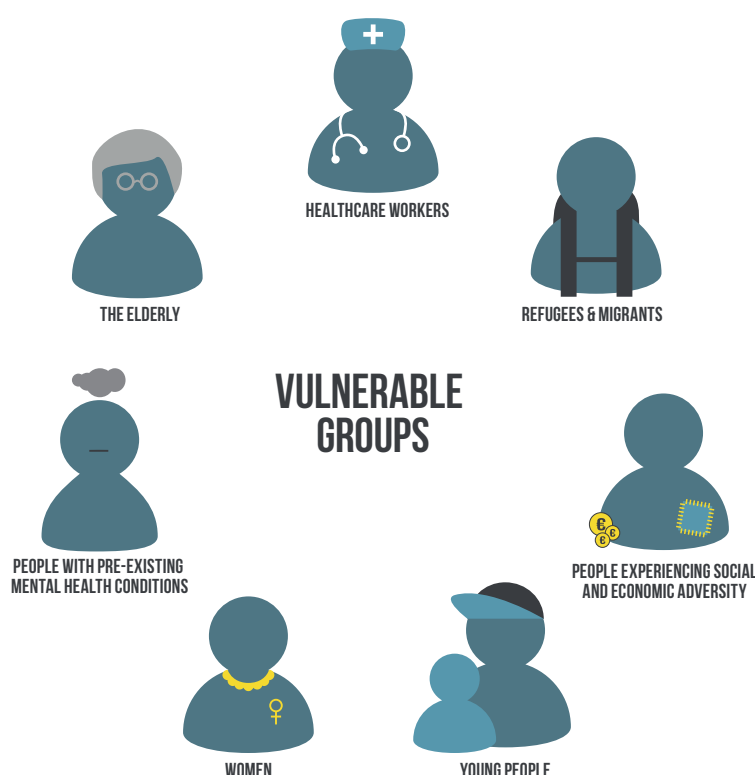
Of particular concern is the fact that the pandemic is still ongoing and the long-term effects of COVID-19 infection are still unknown. Previous research on disease outbreaks and other crises indicates that when the physical threat phase is prolonged, as in the current situation, the accumulation of secondary stressors can lead to more severe effects on mental health, creating a so-called “second disaster”.² **Vulnerable groups**, such as economically disadvantaged people, are at particular risk and require targeted support.

HEALTHCARE WORKERS

Healthcare workers have been particularly affected by the crisis. Most studies on healthcare workers have been published on the early waves of the pandemic. However, the long-term effects of the pandemic on mental health and wellbeing in this group are still unclear. Longitudinal studies are needed in order to fully assess the extent of the mental health impact of the COVID-19 crisis on this population.

Reports have indicated that ICU professionals are at increased risk of burnout.³ Therefore, it is crucial that best practices to create a workplace environment conducive to supporting mental health are followed.⁴ Healthcare workers are also in need of better prevention and management of stress. They need improved access to protective equipment, minimised changes in job functions, and publicly available criteria for patient triage and on-call bioethics committees.⁵

Healthcare workers have also reported an increase in experiences of discrimination⁶, such as verbal and physical assaults, as shown in a study conducted in Spain in the first wave of the pandemic.⁷ This is often due to the perception that they are at higher risk of being contagious.⁷ Strategies are needed to help prevent and reduce the incidence of discriminatory assaults against healthcare staff.⁷



¹ Santomauro, D. F. et al. (2021). The Lancet, 398(10312), 1700-1712.

² Raphael, B. (1986). When Disaster Strikes: How Individuals and Communities Cope with Catastrophe. New York: Basic Books.; Gersons, B.P.R. (2020). Eur J Psychotraumatol. 2020;11(1):1815283.

³ Kok, N. et al. (2021). Critical Care Medicine: March 2021 - Volume 49 - Issue 3 - p 419-427.

⁴ Supporting Mental Health of Health Workforce and other Essential Workers: Opinion of the Expert Panel on effective ways of investing in Health (EXPH). Luxembourg: Publications Office of the European Union, 2021.

⁵ Mediavilla, R., et al. (2021). Journal of Affective Disorders, 295, 405-409.

⁶ Devi, S. (2020). The Lancet, Volume 396, Issue 10252, page 658.

⁷ Mediavilla, R., et al. (2021). Revista de Psiquiatría y Salud Mental.

VULNERABLE GROUPS

A number of other vulnerable groups are at higher risk of experiencing mental health difficulties during the pandemic. The RESPOND consortium recommends providing these groups with access to adapted mental health interventions, such as interventions delivered by non-professional helpers (task-shifting) or digital interventions. The following groups have been identified as vulnerable and in need of support, based on various international studies, including but not limited to studies that were part of RESPOND:



Young people and students are alarmingly more negatively impacted by lockdown restrictions⁸ and have fewer mental health resilience resources. Additional risk factors for this group include: increased use of social media, decreased eating and drinking, and decreased homework.⁹ Given that the pandemic is still ongoing and that long-term consequences are likely, universities and public health systems need to implement interventions and long-term strategies to reduce mental health problems.



Women are experiencing a heavier burden from the social and economic consequences of the pandemic.¹⁰ They are more likely to have additional carer or household responsibilities and have on average lower salaries, less savings, and less secure employment.¹⁰



People with pre-existing mental health difficulties are at risk of worsening symptoms during lockdown.¹¹ They need sustained access to healthcare, which should also be adapted to the particular circumstances of the pandemic, such as remote online mental health interventions.



Homeless people, refugees, asylum seekers, migrants, and minority populations experience both high levels of distress and insufficient access to healthcare. During the first wave of the pandemic, undocumented migrants had a higher probability of depression, increased food insecurity, and of losing their job.¹² Support for these groups needs to be prioritised with a particular focus on improved access to healthcare.



Older people have been impacted by decreased physical activity following the lockdown restrictions.¹³ Public health programmes should give particular attention to older males experiencing social isolation, sub-optimal housing conditions, and chronic health problems.¹³ They are also at high risk of mental health problems, such as delirium, during COVID-19 hospitalisation. Strategies to prevent this might include systematic screening for delirium symptoms and lowering restrictions on family members who want to visit their loved ones.¹⁴



People who have had financial and work-related difficulties during the pandemic are in need of psychological support.¹⁵ While they may have received financial support during the pandemic, the psychological effects of their experience need to be addressed.

⁸ Macalli, M. et al. (2021). Sci Rep 11, 21455.

⁹ Early unreleased finding from UC Louvain (RESPOND).

¹⁰ Santomauro, D. F. et al. (2021). The Lancet, 398(10312), 1700-1712.

¹¹ Mary-Krause, M. et al. (2021). PLoS one, 16(7), e0255158.

¹² Gosselin, A. et al. (2021). Social and mental health risks faced by undocumented migrants during the COVID-19 pandemic: Evidence from three surveys in France. medRxiv.

¹³ García-Esquinas, E. et al. (2021). Int. J. Environ. Res. Public Health, 18, 7067.

¹⁴ Fernández-Jiménez, E. et al. (2021). Frontiers in Aging Neuroscience, 831.

¹⁵ Early unreleased finding from INSERM (RESPOND).

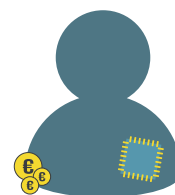
AN ECONOMIC CRISIS UNLIKE PREVIOUS CRISES

In looking at the impacts that COVID-19 and the public health response to COVID-19 may have on mental health across RESPOND countries, it is important to look at the nature of the accompanying economic crisis. It is clear now that the economic crisis triggered by COVID-19 is unlike any other previous crisis; 20 months on from the initial imposition of public health restrictions an increasing amount of economic data indicates that, overall, European economies have strongly rebounded from the major economic shocks that they experienced.

Employment has been growing and has returned to pre-pandemic levels in many European countries¹⁶. Social protection measures have undoubtedly cushioned the economic shock. However, there is ongoing uncertainty as a result of the pandemic: in winter 2021/2022 we are seeing imposition of further public health restrictions across Europe as COVID-19 cases rise, hampering economic recovery. Moreover, WP3 has collated emerging evidence of the direct impact of some public health restrictions on mental health and wellbeing, such as shorter periods of lockdown being associated with better levels of mental health¹⁷. It is difficult to predict what the long-term consequences will be for population mental health, although it can still be expected that individuals who do not benefit from the anticipated economic recovery are more likely to experience poor mental health.

There is also accumulating evidence that some groups have been more adversely affected by the economic consequences of the pandemic. The long-term mental health of these potentially 'left-behind' groups is likely to be at risk. These groups include workers who have been fully on furlough, compared to workers who have been able to continue to work on a part-time basis, as well as older workers¹⁸. Unemployment rates are only part of the picture; individuals can be at increased risk of poor mental health if economically inactive. Groups at higher risk include non-working women, school leavers, higher education students and the retired. Financial distress, including loss of savings and unmanageable debt, are also risk factors to mental health. Levels of financial distress remain high among the lowest income quartiles, with financial distress levels increasing strongly in 2021 compared to 2020 in three RESPOND countries: Sweden, Germany and Spain¹⁹.

These economically at-risk groups overlap strongly with groups that RESPOND has identified as being at higher risk of poor mental health during the pandemic. While utilisation of mental health services in general still has not increased above pre-pandemic levels, increased demand for services is now being seen; potentially these demands will increase further even as the pandemic comes under more control and economies continue to recover. It is imperative that additional resources to protect the mental wellbeing and resilience of individuals at high risk of not being in employment, education or training are sustained. Going forward it is also imperative to continue to have surveillance systems in place that carefully monitor changes in mental health for different population sub-groups so that mental health supports are directed to where they are needed as early as possible.



¹⁶ European Commission: Employment Social Affairs & Inclusion (2021). Employment and social developments in Europe. Quarterly Review. Luxembourg, Publications Office of the European Union.

¹⁷ Serrano-Alarcón, M. et al., Impact of COVID-19 lockdowns on mental health: Evidence from a quasi-natural experiment in England and Scotland. Health Econ, 2021.

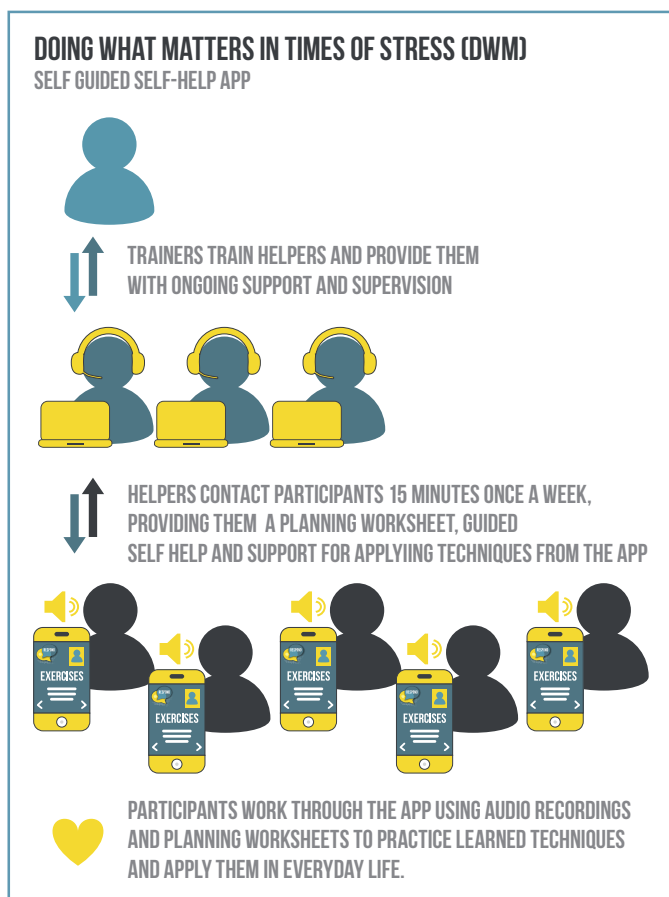
¹⁸ Brewer, M. and C. McCurdy (2021). Post-furlough blues. What happened to furloughed workers after the end of the Job Retention Scheme? London, Resolution Foundation.

¹⁹ Op cit 15.

DWM ONLINE INTERVENTION

Doing What Matters in Times of Stress (DWM) is an illustrated self-help stress management guide published by the WHO. It is part of a WHO stress management course called Self-Help Plus (SH+)²⁰, but can be used as a standalone intervention. For RESPOND, DWM was adapted into an online intervention and will be delivered with support from a trained helper. Participants requiring more support will then receive Problem Management Plus (PM+) as part of a stepped care response.

The DWM online intervention is consistent with WHO recommendations for stress management interventions²¹ and the evidence base concerning the effectiveness of guided self-help online interventions, which demonstrates that such digital courses can be as effective as in-person interventions.²²



The DWM online intervention will follow the same narrative flow as the original PDF version of the guide, but with adaptations to increase engagement and relevance for the current COVID-19 situation. It will be available in multiple languages. The original guide has been further improved through the addition of exercises to help the user engage with the material and reflect on how they may practise and apply the techniques in their own life. In addition to illustrated and simple-to-read content, there are also audio exercises to help support practice.

In RESPOND, helpers will have weekly brief contact (e.g. 10-15 minutes per week) with participants, supporting them to integrate the techniques learned in the course into their everyday lives. Contact is provided over the phone or via messaging, based on the participant's preference. Helpers are trained and supervised on an ongoing basis to ensure that they deliver safe and effective support.

²⁰ Self Help Plus (SH+): a group-based stress management course for adults. Generic field-trial version 1.0, 2021. Geneva: World Health Organization; 2021 (Series on low-intensity psychological interventions, No. 5). Licence: CC BY-NC-SA 3.0 IGO.

²¹ Epping-Jordan, J. E. et al. (2016). *World Psychiatry*, 15(3), 295.

²² Andrews G. et al. (2018). *J Anxiety Disord.* 2018 Apr;55:70-78.

RESPOND RESEARCH AT A GLANCE

01

WP2 has combined datasets from around the world and is working on analysing the aggregated data. Data extraction from administrative health registries is nearing completion, with the goal of identifying subjects at greatest risk and evaluating the long-term effects of the pandemic on mental health.

03

The implementation study among healthcare workers in Spain has started and PM+ has been adapted for remote use.

02

WP3 is collating information on COVID-specific policy responses in RESPOND countries and their impact on the mental health and wellbeing of the general population as well as people with pre-existing mental health conditions. An updated rapid assessment of policy responses and their impacts has been undertaken. A series of interviews with a range of different stakeholders to explore the impacts of the pandemic and pandemic response are currently being arranged.

04

The other implementation studies will begin soon: among healthcare workers in Belgium, among labour migrants in the Netherlands, refugees and migrants in Italy, and among homeless people in France.

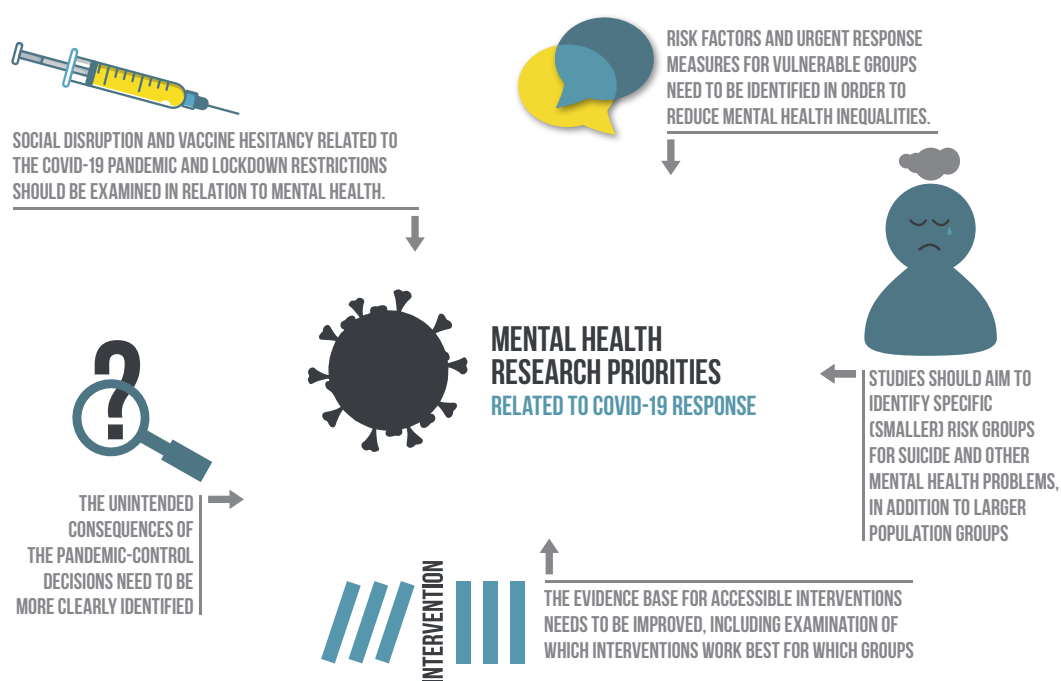
DEC 2020 - MAY 2021 MONTH 01-06	MAY 2021 - NOV 2021 MONTH 06-12	DEC 2021 - NOV 2022 MONTH 13-24	DEC 2022 - NOV 2023 MONTH 25-36
WP2: MENTAL HEALTH OUTCOMES			
Identification of vulnerable groups for psychological distress	Combining longitudinal datasets		Analyses on long-term mental health effects of pandemic
	Analyses on short-term and mid-term mental health effects of pandemic		Long-term impact of pandemic on health service use in Sweden, Lombardy, and Barcelona
WP3: HEALTH SYSTEM IMPACT			Validated framework
		Strategies that stakeholders prioritise in response to mental health challenges of COVID outbreak	
Rapid health systems analyses			
Health system analysis, mental health impact assessment and best practice identification			
WP4 & WP5: IMPLEMENTATION			
Qualitative studies	Training of trainers and helpers for DWM and PM+		Outcome assessments in risk groups
Adaptation of DWM and PM+ programmes	Start of recruitment of participants (risk groups)		Qualitative studies
Study protocols for the RCTs	Preliminary work to set up the RCTs		
Development of DWM app			
	DWM and PM+ intervention implementation and outcome assessments in health workers		
	DWM and PM+ intervention implementation and outcome assessments in refugees, (labour) migrants, and homeless people		
WP1 & WP6: PROJECT MANAGEMENT, COMMUNICATION AND DISSEMINATION			

RECOMMENDATIONS FOR FURTHER RESEARCH

The RESPOND studies are underway and will answer outstanding pressing questions concerning the short-term and long-term consequences of the COVID-19 pandemic and the effects of scalable interventions to improve mental health and wellbeing across populations in Europe.

Research conducted so far by RESPOND partners has also informed new research priorities in the area of COVID-19 and mental health and wellbeing. These include the following:

- Studies should aim to identify specific (smaller) risk groups for suicide and other adverse mental health outcomes in addition to larger population groups for increased psychological distress and reduced wellbeing.
- The unintended consequences of the pandemic-control decisions need to be more clearly identified, including problem behaviours, such as aggression and substance abuse.
- The neuropsychiatric consequences after recovery of acute COVID-19 need to be systematically studied.
- Risk factors and urgent response measures for vulnerable groups need to be identified in order to reduce mental health inequalities.
- The performance of health systems should be compared between European countries to elucidate which health systems were able to maintain quality despite high pressure. This may provide information for improving resilience of health systems for future crisis situations.
- Social disruption and vaccine hesitancy related to the COVID-19 pandemic and lockdown restrictions should be examined in relation to mental health.
- Evaluation of who benefits most from accessible mental health services (and infrastructure) is needed, as the existing workforce cannot cope with the demand. Research should examine how these services can be adapted to optimally address the needs of vulnerable groups.



ABOUT RESPOND

RESPOND stands for *PREparedness of health Systems to reduce mental health and Psychosocial concerns resulting from the COVID-19 paNDemic*. The project brings together a network of specialists in the areas of epidemiology, psychology, psychiatry, sociology, health systems research, political science, economic science, implementation science, policymaking, and dissemination and is coordinated by Prof. Marit Sijbrandij of the Department of Clinical, Neuro- and Developmental Psychology at the Faculty of Behavioural and Movement Sciences, Vrije Universiteit Amsterdam.

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