COVID-19: impact on mental health

16th October 2020

**Title:** Mental Health Disorders Related to COVID-19–Related Deaths

JAMA | 12th October 2020

This Viewpoint discusses the mental health consequences of the coronavirus disease 2019 (COVID-19) pandemic and emphasizes the importance of developing a public health strategy to manage the waves of grief, posttraumatic stress disorder, opioid use, and other mental health consequences of coronavirus-related death and disruption.

Full detail: [Mental health disorders related to covid-19–related deaths](https://jamanetwork.com/journals/jama/fullarticle/2771763)

**Title:** Supporting nurses' mental health during the pandemic

Nursing | October 2020 | Volume 50 - Issue 10 - p54-57

During the COVID-19 pandemic, healthcare facilities have established new policies affecting nursing care, often with little input from the nurses who must implement them. These changes have led to mistrust and an altered sense of safety among nurses.

This article focuses on how changing institutional policies affecting personal protective equipment and family visitation have affected nurses' mental health and offers practical suggestions for supporting resilience and mental health in nurses during this unprecedented public health crisis.

Full article: [Supporting nurses' mental health during the pandemic](https://journals.lww.com/nursing/Fulltext/2020/10000/Supporting_nurses__mental_health_during_the.13.aspx)

**TITLE**: COPING STYLES AND MENTAL HEALTH IN RESPONSE TO SOCIETAL CHANGES DURING THE COVID-19 PANDEMIC

International Journal of Social Psychiatry | 4th October 2020

Background:

Psychosocial responses to infectious disease outbreaks have the potential to inflict acute and longstanding mental health consequences. Early research across the globe has found wide ranging psychological responses to the current COVID-19 pandemic. Understanding how different coping styles can be effective in mitigating mental ill health would enable better tailored psychological support.

Aims:

The aim of this study was to gain an understanding of psychosocial responses to the COVID-19 pandemic, including depression, anxiety and distress, as well as effective coping styles in an Australian sample.

Method:

A sample of 1,495 adults, residing in Australia between April 3rd and May 3rd 2020, completed an online survey which measured psychological distress (Impact of Events Scale-Revised), depression, anxiety, stress (DASS-21), as well as coping strategies (Brief COPE).

Results:

47% of the respondents were experiencing some degree of psychological distress. Females experienced higher levels of depression, anxiety and stress than males. Coping strategies associated with better mental health were positive reframing, acceptance and humour. Conversely, self-blame, venting, behavioural disengagement and self-distraction were associated with poorer mental health.

Conclusion:

Rates of psychological symptoms amongst the Australian population are similar to those reported in other countries. Findings add to the growing literature demonstrating a gender disparity in the mental health impacts of COVID-19. Positive emotion focused coping strategies may be effective for reducing psychological symptoms. Understanding psychosocial responses including beneficial coping strategies are crucial to manage the current COVID-19 situation optimally, as well as to develop mental health response plans for future pandemics.

Full document: [Coping styles and mental health in response to societal changes during the COVID-19 pandemic.](https://journals.sagepub.com/doi/pdf/10.1177/0020764020961790)

**Title:** Adaptation of evidence‐based suicide prevention strategies during and after the COVID‐19 pandemic

World Psychiatry | 15th September 2020

Suicide is preventable. Nevertheless, each year 800,000 people die of suicide in the world. While there is evidence indicating that suicide rates de‐crease during times of crises, they are expected to increase once the immediate crisis has passed.

The COVID‐19 pandemic affects risk and protective factors for suicide at each level of the socio‐ecological model. Economic downturn, augmented barriers to accessing health care, increased access to suicidal means, inappropriate media reporting at the societal level; deprioritization of mental health and preventive activities at the community level; interpersonal conflicts, neglect and violence at the relationship level; unemployment, poverty, loneliness and hopelessness at the individual level: all these variables contribute to an increase of depression, anxiety, post‐traumatic stress disorder, harmful use of alcohol, substance abuse, and ultimately suicide risk.

Suicide should be prevented by strengthening universal strategies directed to the entire population, including mitigation of unemployment, poverty and inequalities; prioritization of access to mental health care; responsible media reporting, with information about available support; prevention of increased alcohol intake; and restriction of access to lethal means of suicide.

Selective interventions should continue to target known vulnerable groups who are socio‐economically disadvantaged, but also new ones such as first responders and health care staff, and the bereaved by COVID‐19 who have been deprived of the final contact with loved ones and funerals.

Indicated preventive strategies targeting individuals who display suicidal behaviour should focus on available pharmacological and psychological treatments of mental disorders, ensuring proper follow‐up and chain of care by increased use of telemedicine and other digital means.

The scientific community, health care professionals, politicians and decision‐makers will find in this paper a systematic description of the effects of the pandemic on suicide risk at the society, community, family and individual levels, and an overview of how evidence‐based suicide preventive interventions should be adapted. Research is needed to investigate which adaptations are effective and in which contexts.

Full paper: [Adaptation of evidence-based suicide prevention strategies during and after the COVID-19 pandemic.](https://onlinelibrary.wiley.com/doi/epdf/10.1002/wps.20801)

**TITLE:** MENTAL HEALTH DURING COVID-19 LOCKDOWN IN THE UNITED KINGDOM

Psychosomatic Medicine | October 2020

The Coronavirus Disease (COVID-19) pandemic and related lockdown measures have raised important questions about the impact on mental health. This study evaluated several mental health and well-being indicators in a large sample from the United Kingdom (UK) during the COVID-19 lockdown where the death rate is currently the highest in Europe.

The study found the prevalence of depressive-, anxiety-, and insomnia symptoms is significantly higher in the UK, relative to pre-pandemic epidemiological data. Further studies are needed to clarify the causes for these high rates of mental health symptoms.

Further detail: [Mental health during COVID-19 lockdown in the United Kingdom.](https://journals.lww.com/psychosomaticmedicine/Abstract/9000/Mental_health_during_COVID_19_lockdown_in_the.98497.aspx)

**TITLE:** PTSD SYMPTOMS IN HEALTHCARE WORKERS FACING THE THREE CORONAVIRUS OUTBREAKS: WHAT CAN WE EXPECT AFTER THE COVID-19 PANDEMIC

Psychiatry Research | Volume 292 October 2020

The Coronavirus Disease-19 (COVID-19) pandemic has highlighted the critical need to focus on its impact on the mental health of Healthcare Workers (HCWs) involved in the response to this emergency. It has been consistently shown that a high proportion of HCWs is at greater risk for developing Posttraumatic Stress Disorder (PTSD) and Posttraumatic Stress Symptoms (PTSS).

The present study systematic reviewed studies conducted in the context of the three major Coronavirus outbreaks of the last two decades to investigate risk and resilience factors for PTSD and PTSS in HCWs.

Nineteen studies on the SARS 2003 outbreak, two on the MERS 2012 outbreak and three on the COVID-19 ongoing outbreak were included. Some variables were found to be of particular relevance as risk factors as well as resilience factors, including exposure level, working role, years of work experience, social and work support, job organization, quarantine, age, gender, marital status, and coping styles.

It will be critical to account for these factors when planning effective intervention strategies, to enhance the resilience and reduce the risk of adverse mental health outcomes among HCWs facing the current COVID-19 pandemic.

Full article: [PTSD symptoms in healthcare workers facing the three coronavirus outbreaks: What can we expect after the COVID-19 pandemic](https://reader.elsevier.com/reader/sd/pii/S016517812031204X?token=396A93CA1775BCB58BB20F003B4B9185DF3000D9831F4A42E7B8534DE9077BDD8FECEDDA15D1AF93402575A1D698484F)

**Title:** Psychological inflexibility and intolerance of uncertainty moderate the relationship between social isolation and mental health outcomes during COVID-19

Journal of Contextual Behavioral Science | 14th September 2020

The COVID-19 pandemic has had an enormous impact on human activity worldwide, in part due to many governments issuing stay-at-home orders and limiting the types of social interactions in which citizens can engage. Previous research has shown that social isolation can contribute to psychological distress. The impact of increased social isolation on mental health functioning during the COVID-19 crisis, as well as potential mechanisms to buffer this impact, have yet to be investigated.

The current study explored the moderating role of psychological flexibility and related constructs on the relationships between social isolation and mental health outcomes during the COVID-19 pandemic.

Cross-sectional data from 278 participants, the majority residing in the United States, were collected during a 3-week period from mid-April to early May 2020 via online survey.

A series of hierarchical linear regression analyses indicated statistically significant relationships between social isolation and psychological distress (depression, anxiety, and stress), well-being, and valued living.

Psychological inflexibility, intolerance of uncertainty, and emotional suppression significantly moderated these relationships in a number of instances. Greater psychological flexibility and acceptance of difficult experiences appeared to act as a buffer against the negative effects of increased social isolation, while amplifying the benefits of social connectedness.

Implications for promoting mental health and buffering against the harmful effects of social isolation during the COVID-19 pandemic and beyond are discussed.

Full paper: [Psychological inflexibility and intolerance of uncertainty moderate the relationship between social isolation and mental health outcomes during COVID-19](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7489247/pdf/main.pdf)

**Title**: Understanding the impact of the pandemic on people with mental ill health

National Institute for Health Research | 12th October 2020

We know that the COVID-19 pandemic has not affected everyone equally. Evidence is growing rapidly of the additional impacts on people with lived experience of mental illness – not only of the virus itself but also of the restrictions it has necessitated.

This NIHR blog looks at the Optimising Wellbeing during Self-isolation (OWLS) project, which looks to improve our understanding of exactly how this very difficult time has affected people with lived experience. It will also learn how people with lived experience have adapted to keep themselves well and whether they have been able to sustain contact and relationships with health services and with family and friends.

Full detail: [Understanding the impact of the pandemic on people with mental ill health](https://www.nihr.ac.uk/blog/understanding-the-impact-of-the-pandemic-on-people-with-mental-ill-health/25836)

**Title:** COVID-19 policies in the UK and consequences for mental health

The Lancet Psychiatry | 15th October 2020

The lockdown to “flatten the curve” of COVID-19 has caused harm to many people globally. This correspondence discusses the impact of such measures on the mental health and wellbeing on children and young people.

Full detail: [Covid-19 policies in the UK and consequences for mental health](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366%2820%2930457-0/fulltext)

**Title:** Guidance for health professionals supporting groups with specific complex needs who are or have been shielding

The British Psychological Society | 15th October 2020

This document is aimed at psychologists and other health professionals supporting adults who are or have been subject to shielding, who have additional complex needs or considerations, including adults with learning/intellectual disabilities, autism spectrum conditions, and/or those living with dementia.

The considerations may also be relevant for those living with long term health conditions and their families. People living with these conditions often live with hidden disabilities and the difficulties they face can consequently be less obvious to services and society due to Covid-19.

The guidance specifically focusses on those in the ‘high’ risk category defined by the UK government but recognises that many people not officially in the ‘high risk’ category may have been shielding and therefore may face similar challenges, especially those shielding others, or those in ‘moderate risk’ categories.

Full guidance: [Guidance for health professionals supporting groups with specific complex needs who are or have been shielding](https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/Guidance%20for%20Health%20Professionals%20Supporting%20Groups%20with%20Specific%20Complex%20Needs.pdf)

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