COVID-19: impact on mental health

4th December 2020

**Title:** What impact has Covid-19 had on mental health services?

The Kings Fund | 30th November 2020

In this blog post Jenny Davies of The Nuffield Trust explores changes in symptoms of mental health conditions, such as increase in depressive symptoms and self-reported anxiety; and mental health service use during the Covid-19 pandemic.

Full detail: [What impact has Covid-19 had on mental health services?](https://www.nuffieldtrust.org.uk/news-item/what-impact-has-covid-19-had-on-mental-health-services)

**TITLE:** MONITORING THE MENTAL HEALTH ACT IN 2019/20: THE MENTAL HEALTH ACT IN THE CORONAVIRUS (COVID-19) PANDEMIC

Care Quality Commission | 26th November 2020

Monitoring the Mental Health Act is the CQC's annual report on the use of the Mental Health Act (MHA). It looks at how providers are caring for patients, and whether patients' rights are being protected. This year's annual report puts a specific focus on the impact that the coronavirus (Covid-19) pandemic has had on patients detained under the MHA, and on the services that care for and treat them.

Full report: [Monitoring the Mental Health Act in 2019/20: The Mental Health Act in the coronavirus (COVID-19) pandemic](https://www.cqc.org.uk/sites/default/files/20201127_mhareport1920_report.pdf)

Press release: [CQC finds mental health inpatient services coped well with coronavirus (COVID-19) but there will have been ‘significant unmet need’ during lockdown](https://www.cqc.org.uk/news/releases/cqc-finds-mental-health-inpatient-services-coped-well-coronavirus-covid-19-there-will)

**Title:** A rapid review of mental and physical health effects of working at home: how do we optimise health?

BMC Public Health | November 30th 2020

BACKGROUND**:** The coronavirus (COVID-19) pandemic has resulted in changes to the working arrangements of millions of employees who are now based at home and may continue to work at home, in some capacity, for the foreseeable future. Decisions on how to promote employees' health whilst working at home (WAH) need to be based on the best available evidence to optimise worker outcomes. The aim of this rapid review was to review the impact of WAH on individual workers' mental and physical health, and determine any gender difference, to develop recommendations for employers and employees to optimise workers' health.

METHOD: A search was undertaken in three databases, PsychInfo, ProQuest, and Web of Science, from 2007 to May 2020. Selection criteria included studies which involved employees who regularly worked at home, and specifically reported on physical or mental health-related outcomes. Two review authors independently screened studies for inclusion, one author extracted data and conducted risk of bias assessments with review by a second author.

RESULTS: Twenty-three papers meet the selection criteria for this review. Ten health outcomes were reported: pain, self-reported health, safety, well-being, stress, depression, fatigue, quality of life, strain and happiness. The impact on health outcomes was strongly influenced by the degree of organisational support available to employees, colleague support, social connectedness (outside of work), and levels of work to family conflict. Overall, women were less likely to experience improved health outcomes when WAH.

CONCLUSIONS: This review identified several health outcomes affected by WAH. The health/work relationship is complex and requires consideration of broader system factors to optimise the effects of WAH on workers' health. It is likely mandated WAH will continue to some degree for the foreseeable future; organisations will need to implement formalised WAH policies that consider work-home boundary management support, role clarity, workload, performance indicators, technical support, facilitation of co-worker networking, and training for managers.

Full document: [A rapid review of mental and physical health effects of working at home: how do we optimise health?](https://bmcpublichealth.biomedcentral.com/track/pdf/10.1186/s12889-020-09875-z.pdf)

**TITLE**: CAN WE PREDICT WHO WILL BE MORE ANXIOUS AND DEPRESSED IN THE COVID-19 WARD?

Journal of Psychosomatic Research | 24th November 2020

OBJECTIVE**:** Hospitalized patients with COVID-19 are at high risk for anxiety and depression, but most studies about mental health during the pandemic included the general public, healthcare workers, and students. We aimed to explore the anxiety and depression levels, prevalence and predictors in patients hospitalized with COVID-19.

METHODS: In this cross-sectional, exploratory study, sociodemographic and clinical features of 281 patients with confirmed COVID-19 were explored. Patients underwent a comprehensive psychiatric assessment and the Hospital Anxiety and Depression Scale (HADS) was administered through a telephonic interview.

RESULTS: The mean age of the participants was 55.0 ± 14.9 years. One hundred forty-three (50.9%) patients were male, and 138 (49.1%) were female. Ninety-eight (34.9%) patients had significant levels of anxiety and 118 (42.0%) had significant levels of depression. Female gender, staying alone in a hospital room, early days of hospital stay, and any lifetime psychiatric disorder was associated with symptoms of anxiety. Being over 50 years of age, staying alone in a hospital room, and NSAID use before the week of hospital admission were associated with symptoms of depression. Anxiety and depression levels were lower when family members who tested positive for COVID-19 stayed in the same hospital room during treatment.

CONCLUSION: Women, patients >50 years, patients who used NSAIDs before hospital admission, and those with lifetime psychiatric disorders may be at risk for anxiety and depressive symptoms in the COVID-19 ward. Allowing family members with COVID-19 to stay in the same hospital room may be associated with lower anxiety and depression levels.

Full document: [Can we predict who will be more anxious and depressed in the COVID-19 ward?](https://reader.elsevier.com/reader/sd/pii/S0022399920308643?token=DDEB78F408E0344C51F086ACFBF01A8B508D6CEE9C0B942457B91EB076E5BF6B4733E5CDC55666E4D7481FF49700731E)

**TITLE:** SOCIAL ISOLATION AND LONELINESS OF OLDER ADULTS IN TIMES OF THE COVID-19 PANDEMIC: CAN USE OF ONLINE SOCIAL MEDIA SITES AND VIDEO CHATS ASSIST IN MITIGATING SOCIAL ISOLATION AND LONELINESS?

Gerontology | December 2020
The COVID-19 pandemic is a serious global burden. Epidemiological data suggest that the severity of COVID-19, in particular its case fatality rate, rises strongly with age. It is possible that neither a vaccine nor an effective treatment will be available for >1 year. Thus, it may be necessary for older adults to protect themselves by avoiding direct social contact and practicing social distancing for a rather long period of time. This may result in loneliness and social isolation because, for example, grandchildren cannot visit their grandparents. In turn, both loneliness and social isolation can have serious deleterious consequences (e.g., in terms of morbidity and mortality).

Thus, the question arises: are there ways to mitigate loneliness and social isolation? One way to stay in contact is to use online social media such as Facebook or using video calling software such as Skype. However, there are very few studies examining whether the use of online social media or video chats are associated with loneliness and social isolation in older adults.

We sum up some preliminary findings and make a call for further research on the link between online social media use/video chat and loneliness, as well as social isolation, in older adults.

Full document: [Social Isolation and Loneliness of Older Adults in Times of the COVID-19 Pandemic: Can Use of Online Social Media Sites and Video Chats Assist in Mitigating Social Isolation and Loneliness?](https://www.karger.com/Article/Pdf/512793)

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