

Step 1.11 Psychological effects

In this recording, Dr Julian Eaton, public health psychiatrist, Mental Health Director at CBM International and Assistant Professor at the Centre for Global Mental Health, London School of Hygiene & Tropical Medicine, talks about the mental health and psychosocial consequences of COVID-19 including the impact of quarantine, and what is being done to better understand it (recorded 2nd March 2020). As you listen to the lecture, consider who may be at most risk in terms of psychosocial consequences, and perhaps consider ways that these individuals or groups could be supported?

In the months since the emergence of the COVID-19 crisis, several specific issues have emerged. The response to COVID-19 has demonstrated a much clearer understanding of mental wellbeing as a central consideration compared to previous emergencies. Wellbeing has been a common part of media and public discourse, with workplaces, health systems, and civil society rising to the challenge of finding innovative ways of maintaining social support, communication and provision of basic needs. There have been a substantial number of high quality and evidence-based resources made available to guide support for mental health and wellbeing of specific groups. These can be found [here](#).

The substantial increase in risk to health care workers, and linked high rates of infection and mortality, is marked, and this has resulted in high levels of distress. The group of people particularly affected has also been recognised as extending to social and community care workers, paramedical and other hospital staff, even wider essential workers such as funeral directors, supermarket and grocery shop staff and others. This is accentuated in the context of shortages in Personal Protective Equipment and lack of testing in many countries, which has added to a sense of vulnerability, which extends to concerns about not only spreading infection between patients, but also into private homes. While in many countries, the sacrifices of these workers has been applauded by governments and populations, this only goes some way to mitigating the distress caused, and the importance of provision of support mechanisms for staff must be emphasised, as well as the need to allow adequate rest, and opportunity to protect wellbeing even in the context of the increased demands on their time.

Although it was predicted, the measured increase in calls to helplines for victims of domestic violence has been substantial, with many people (women and children particularly) struggling to find ways of keeping safe in the context of strong recommendations for isolation, and usual support mechanisms being unable to operate as usual. Governments and civil society must increase provision of practical measures

to keep people safe, and support communication and access to safe spaces if necessary.

The particular physical vulnerability of older people, as well as those with chronic underlying conditions has meant that they are also particularly at risk of mental health consequences of the need for additional measures to avoid infection. There have been many positive experiences of strong community and family support to isolated people, but also of substantial neglect, including leading to death. People with high levels of physical support needs are at risk of infection from care workers, and rates of infection and death have been high in elderly care homes. In both hospitals and care homes, people who are dying have not been able to have visitors, which is particularly distressing for them, for family members and health staff. Provision of alternative forms of communication only go a small way to compensate for the inability to provide support at such difficult times. Psychological support of people within health and care facilities, as well as in funeral and burial arrangements, has had to be quickly considered.

While there have been many innovative ways of providing support affected, and in the general population, there remain important lessons that need to be learnt, to minimise the impact of the experience in the long-term.

If you want to read more about these issues, have a look at the See Also section.

Audio transcript:

SPEAKER 1: Dr. Eaton, what can you tell us about the potential mental health effects of COVID-19 outbreak?

SPEAKER 2: Well, what we do know is that during infectious disease outbreaks there are always increased levels of anxiety and worry among the population. It's also well-recognised that there are increased rates of diagnosable mental illnesses. This is due to the fear of personal or family infection and illness, as well as the wider consequences on the community, for example, of restriction of movements, or closure of schools and workplaces, or concerns about accessing basic needs such as food or water.

At the population level, at its most extreme, panic can lead to negative behaviours that can themselves impede public health efforts to contain spread of infection or effective interventions for treatment for those in need. For example, people not complying properly with isolation or quarantine measures. Of course, anxiety, fear, and even distress are an appropriate reaction to extreme circumstances, uncertainty, or threat.

The experience of past outbreaks has shown that the great majority of people are very resilient and able to cope very well in such circumstances, and in fact show great resourcefulness, supporting others in their communities and recovering well after

emergency is over. With respect to coronavirus, or COVID-19, there's no evidence of direct effects on the brain of this condition. But it's worth remembering that any infection can affect thinking and behaviour if sufficiently severe.

SPEAKER 1: What about those living in communities where there are cases of COVID-19? How might they react?

SPEAKER 2: There are a number of effects that living in a community at risk from the spread of an infectious disease can have on emotional well-being, mental health, and behaviour. And this will become worse as a sense of the infection being close-by gets worse. All people are likely to have increased anxiety around contracting the condition, and by extension, concern for their families and community members.

This is likely made worse by uncertainty about risk from infection itself, and the impact on the lives of families and communities. At the collective level, these understandable concerns can lead to a more damaging sense of fear if not managed well, which limit outbreak control measures. Mass media like TV, radio, newspapers or social media, and other forms of communication and information exchanged can amplify fear if not managed well.

SPEAKER 1: So we've seen some major interventions in this outbreak, in terms of quarantine. How can they affect mental and psychosocial health, and how might people react?

SPEAKER 2: The effects on people's lives of infection control measures such as extended quarantine can be really distressing. The separation from loved ones and opportunity to carry out normal social activities, travel, or work responsibilities. With extensive quarantine in place, as in some sites with the coronavirus response, it can be difficult for people to access basic needs.

For example, if shops are closed or amenities aren't functioning, the recent rapid review identified some factors that tended to make outcomes worse. This included longer quarantine duration, uncertainty and fear of infection, frustration or boredom, inadequate information, and difficulty in accessing supplies. And in the longer term, financial loss and stigma all contributed to worse outcomes. This is particularly the case for those who are relatively isolated or made vulnerable due to illness, disability, or difficulties in self-care.

SPEAKER 1: So what do we need to do to better address the mental health impacts of outbreaks like COVID-19?

SPEAKER 2: Mental health and psychosocial support should form a part of emergency planning and response measures. As early as possible, a rapid assessment of the context of mental health and psychosocial support needs and resources should be carried out, and a strategy put in place. With actors in mental health and psychosocial support coordinated, there's an integral part to response mechanisms throughout. Such approaches have been developed for emergencies and disasters, and can be found in the reference list to this interview. We should make actions voluntary through persuasion, shared understanding, and common ownership, as forced measures tend to raise suspicions and resentment.

SPEAKER 1: What could be done to reduce anxiety and distress associated with this ongoing outbreak?

SPEAKER 2: There are a lot of practical things that can be done. Firstly, promote easy communication between families and people who can offer support in communities. So for that, keeping telephone and internet services open for social media is important. Secondly, facilitate access to basic needs like food and water, heat and electricity, as consistently and reliably as possible. Communicating clearly with people how they can access these needs, if necessary.

Thirdly, specifically identify people at high risk. Make sure their particular needs are met. For example, households with very young or very old people, people with preexisting physical or mental conditions that require particular treatment, or people with disabilities where there's a specific adaptation needed for them to access support. This might involve communication, for example, for people who are deaf, hard of hearing, or blind.

Some people may require additional information in a simple form, or in a different language. Some may need support with mobility. For example, home visits for selfcare. Identifying people with such risks and needs should be a part of the population surveillance for those needs to be properly addressed.

In general, anxiety is made worse by a sense of loss of control. So as well as good access to information, promoting a general sense of a common cause of a community responsibility and a sense of being all in this together helps community to come together and respond positively. Broad messages that are positive to the whole of society are really important, in addition to targeting specific groups that I've mentioned.

Most people find that informal support of families and carers is sufficient. But it's important that people are aware of how they can access more formal psychological support if they need it. For example, through help lines with numbers that are widely publicised.

Also, through the same routes as people are given basic advice on public health responses like handwashing and where to seek help, these might be routes where you can offer reassurance, counselling, and advice on techniques such as relaxation. There will always be a small number of people who need more specialist mental health care. They might get this from general health settings where general nurses and doctors can be trained in mental health response, and also those people working in screening centres or in contact tracing to be able to respond to people's distress when they see them. Psychological first aid can be taught in one to two days, and provide these front line workers, and also help line operators and trusted community leaders, with important means to help the people they see.

SPEAKER 1: What are the likely ongoing mental health needs with this outbreak?

SPEAKER 2: Following emergency, period, a small number of people will have ongoing anxiety, likely to be made worse by direct exposure to traumatic experiences. And this

is more likely for health care staff, of course, who will require more support. Also, people who've lost loved ones, or who have themselves been survivors of infection, or who have got significant ongoing economic or social impacts from the event. Also, people who have pre-existing or long-lasting mental conditions will likely need ongoing care. So these people will benefit from tailored support in the recovery phase, and mental health services need to be able to carry on supporting these people.

Sometimes, people who are perceived as to blame for causing infection can be stigmatised. And in the recovery phase, it's necessary to ensure that the public have an understanding of clear facts about the epidemic, which also provides an opportunity to improve preparation and planning for any possible future crises. Mental health services can be sometimes very weak in countries, and such emergencies can lead to significant increase in prioritisation of mental health and investment in improving services.

See Also

The psychological impact of quarantine and how to reduce it: rapid review of the evidence

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30460-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30460-8/fulltext)

Coronavirus: The psychological effects of quarantining a city

<https://blogs.bmj.com/bmj/2020/01/24/coronavirus-the-psychological-effects-of-quarantining-a-city/>

COVID-19 and the consequences of isolating the elderly

[https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(20\)30061-X/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(20)30061-X/fulltext)

Interim Briefing Note Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak

<https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/interim-briefing>

Mental health effects of school closures during COVID-19

[https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(20\)30109-7/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(20)30109-7/fulltext)