Welcome to QI Connect with Andrew Gumley

We will be starting very shortly
An ISQua approved resource
We are on MS Teams!

#HISQICOnnect
You will not be able to use your mic or camera in a Live Event, but you will be able to see and hear the presenters.

At present, it is not possible to interact with other attendees via chat, but you can upvote by ‘liking’ any submitted questions you’d particularly like to see put to the speaker.

Please use the Q&A function to submit your questions for the speaker. These will need to be moderated so it may take a minute or two for your question to show up in the live chat.

This session will be recorded and by taking part you consent to this.

A recording of this session and resources covered will be made available following the session date.
How to use the Q&A Function

The Q&A Panel shows up when you click on the icon shown on the top right-hand side of your screen.
How to use the Q&A Function

1. Submit your question using the text box shown.

2. Submitted questions show up in your My Questions tab here. Once approved, it will show up in the Featured panel.
How to use the Q&A Function

You can like your favourite questions!

A summary of resources covered will be made available along with the recording after the session.
OUR AUDIENCE REACH

1300+ Organisations

89 Universities & Colleges

#HISQICoConnect
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REMEMBER TO TWEET AS YOU LEARN!

#HISQICConnect

@ConnectQi
Professor Andrew Gumley
Professor of Psychological Therapy, University of Glasgow
Chair of the Scottish Government COVID-19 Mental Health Research Advisory Group
Navigating the mental health impacts of COVID-19 on staff wellbeing and population mental health

Professor Andrew Gumley
Institute of Health and Wellbeing
University of Glasgow
Thank you

- [www.promis.scot](http://www.promis.scot)
- The National Wellbeing Hub
- @PRoMISScot
- Resources: Feeling Good, Daylight & Sleepio
- Ideas on supporting your team - [https://vimeo.com/42115624](https://vimeo.com/42115624)
Plan for talk

• Part 1: The growing evidence of mental health impacts
• Part 2: Our response to the pandemic and mapping the impacts for Scotland
What did we know back in March 2020?

- Severe Acute Respiratory Distress Syndrome (SARS) 2002-2004.

- Over 8,000 people from 29 different countries and territories were infected, and at least 774 died worldwide.

- Significant psychosocial impacts were recognised amongst SARS survivors, health care staff, general population.
The growing evidence of mental health impacts
COVID-19: Living map of the evidence (mental health studies)

http://eppi.ioe.ac.uk/COVID19_MAP/covid_map_v32.html
Impact on COVID-19 patients

• Over 43.5 million people from 200 countries have been infected with COVID-19 and over 1.15 million people have died worldwide.*

• Meta-analysis of 31 studies comprising 5153 participants (Deng et al., 2020).

• All quantitative studies investigating prevalence of depression, anxiety and sleep disturbances.

*Financial Times Coronavirus Tracker 27th October 2020
Impact on COVID-19 patients

Deng et al. 2020
Impact on staff caring for COVID-19 patients

• An ongoing live systematic review and meta-analysis investigating mental health of clinical staff dealing with epidemics and pandemics of high-risk infectious diseases (Bell & Wade, 2020).

• All quantitative studies of validated measures of anxiety, depression and Post Traumatic Stress Disorder

• On 2nd May 2020 there were 74 studies identified including COVID-19, Ebola, H1N1, MERS, and SARS.

• On 8th October 2020 a further 13 studies of COVID-19 identified.

Bell & Wade, 2020
Impact on staff caring for COVID-19 patients

• Rates:
  • Anxiety – 12.5% to 44.6%
  • Depression – 13.5% to 40.4%
  • PTSD – 9.4% - 71.5%

• High exposure clinical staff have 32% higher risk of anxiety and 25% high risk of depression.

• High exposure clinical staff scored higher on all measures of anxiety, depression and PTSD measures.
Impact on staff caring for COVID-19 patients

### Impact of Viral Epidemic Outbreaks on Mental Health of Healthcare Workers

<table>
<thead>
<tr>
<th>Mental Health Outcome</th>
<th>Before</th>
<th>After</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>24</td>
<td>46</td>
</tr>
<tr>
<td>Anxiety</td>
<td>30</td>
<td>54</td>
</tr>
<tr>
<td>PTSD</td>
<td>13</td>
<td>11</td>
</tr>
<tr>
<td>Burnout</td>
<td>29</td>
<td>28</td>
</tr>
</tbody>
</table>

- Prevalence of acute stress in healthcare workers - 40%

Serrano-Ripoll et al. 2020
Impacts on populations

• Meta-analysis of 50 studies comprising 171,571 participants (Krishnamoorthy et al. 2020)

• All quantitative studies using validated measures of stress, anxiety, depression, sleep and PTSD.

• Rates in the general population:
  • Stress – 36%
  • Anxiety – 26%
  • Depression – 24%
  • Sleep disturbance – 34%
  • Post-traumatic Stress – 15%
Impacts on populations

• Nationally representative studies in US, UK and Hong Kong consistently show increases in depression, anxiety, psychological distress, acute stress and suicidal thinking during the Covid-19 pandemic.

• Evidence shows that young people, females, those with pre-existing mental and physical health problems, those from more disadvantaged backgrounds, those who have experienced greater insecurity, exposure to contradictory media, and those experiencing greater restrictions in mobility more adversely affected.

Daly et al. 2020; Ettman et al. 2020; Holman et al. 2020; Niedzwiedz et al. 2020; O’Connor et al. 2020; Sheng et al. 2020
Impacts on populations

• Most recent longitudinal study over the first 6 weeks of UK lockdown (O’Connor et al., 2020) found those from more socially disadvantage backgrounds and individuals with pre-existing mental health issues reported the worst mental health outcomes across all indicators.

• People with pre-existing mental health issues more likely to meet cut-offs for depressive and anxiety symptoms than those without:
  • Depression - 54.2% vs 15.3%
  • Anxiety – 44.6% vs 11.9%

• Younger adults (18-29 years) reported the worst mental health outcomes and lowest wellbeing of any age group:
  • Anxiety - 30.1%
  • Depression - 38.8%
  • Suicidal Ideation - 12.5%
Our response to the pandemic and mapping the impacts for Scotland
Our response to the pandemic and mapping the impacts for Scotland

The 2019-2020 Programme for Government committed to “establishing a Scottish Mental Health Policy and Research Forum to promote excellence in and improve the quality and quantity of mental health clinical research in Scotland ”.
COVID-19 Mental Health Research Advisory Group

The Research Advisory Group - acts as a central coordinating point for translating COVID-19 mental health research findings into advice to Government.
Mental Health and COVID-19: Evidence and analysis briefings

- Scottish Government Health and Social Care Analysis team produced regular briefings.
- Key points are drawn from ongoing survey data on mental health and wellbeing (e.g. Office for National Statistics) and selected new research publications.
Evidence and analysis briefings: key points

Survey data showed that the impacts of COVID-19 on well-being and anxiety levels. Nearly half of adults in the UK felt that their well-being had been affected. Anxiety levels had declined and stabilised since the start of the lockdown period but remained high.

These impacts were not be evenly distributed. There are similarities between those groups most affected by COVID-19 and the mitigation strategies and those where mental health problems are more prevalent; including having a long-term condition; or living in poverty and deprivation.

It is important to understand differential impacts for different population groups and that these might shift over time. The evidence base was incomplete and needs to be interpreted with caution, but suggested need for whole population approaches alongside targeted support for at risk and vulnerable groups.
Rapid review of the impact of COVID-19 on Mental Health

• What impact is the COVID-19 pandemic having on mental health outcomes (using validated measures) at the population level?
• What risk and protective factors are associated with mental health outcomes during the COVID-19 pandemic?
• What are the key learnings and implications for Scotland?
Rapid review of the impact of COVID-19 on Mental Health

• The COVID-19: living map of the evidence was used as the search strategy for this rapid review.
• This rapid review included the first ten-week searches from 4th March to 15th May 2020, and considered mental health studies.
• To maximise sensitivity of search, PsycInfo as well as pre-publication databases MedRXiv and PsyArXiv were searched using relevant terms to capture papers not included in the COVID-19 map.
• A total of 51 studies included.
• We found significant methodological limitations of the evidence.
• The main limitations included unrepresentative sampling, different outcomes measured using different tools, gaps in analysis, and some studies were poorly described and reported.
• These limitations meant that it was difficult to draw clear conclusions, generalise to populations and compare studies.
• It was likely that there will be an increase in poorer mental health in Scotland.
• The distribution of impact was likely to reflect existing disparities and inequalities in Scotland.
• A number of key groups were at higher risk of adverse mental health outcomes; including frontline staff, women, children and young people, those with a low educational level and people with underlying mental health conditions.
• Social and family support, hygiene measures and physical activity however appeared to safeguard mental health; some of these are consistent with protective factors recommended for good mental health in general.
Wave 1 of the Scottish COVID-19 (SCOVID) Mental Health Tracker Study. These findings are based on questionnaire data collected between 28th May and 21st June 2020 (a period which coincided with the Phase 1 easing of lockdown measures in Scotland) and draws on a nationally representative sample of 2514 adults.
### Depressive and Anxiety Symptoms

#### SCOVID MENTAL HEALTH STUDY: WAVE 1

<table>
<thead>
<tr>
<th>POPULATION GROUP</th>
<th>Depression %</th>
<th>Anxiety %</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29 YEARS</td>
<td>44.7</td>
<td>33.5</td>
</tr>
<tr>
<td>30-59 YEARS</td>
<td>25.9</td>
<td>19.6</td>
</tr>
<tr>
<td>60+ YEARS</td>
<td>25.3</td>
<td>7.2</td>
</tr>
<tr>
<td>LOWER SEG</td>
<td>31.2</td>
<td>16.4</td>
</tr>
<tr>
<td>HIGHER SEG</td>
<td>21.9</td>
<td>23.6</td>
</tr>
<tr>
<td>PRE-EXISTING MH</td>
<td>64.5</td>
<td>55.5</td>
</tr>
<tr>
<td>NO MH</td>
<td>19.6</td>
<td>13.8</td>
</tr>
<tr>
<td>MALE</td>
<td>25.3</td>
<td>15.8</td>
</tr>
<tr>
<td>FEMALE</td>
<td>27.6</td>
<td>22.1</td>
</tr>
<tr>
<td>WHITE</td>
<td>24.9</td>
<td>19.4</td>
</tr>
<tr>
<td>BAME</td>
<td>37.4</td>
<td>17.1</td>
</tr>
</tbody>
</table>

- A quarter (25.3%) of the sample met the cut-off for moderate depressive symptoms and, nearly one fifth (19.1%) met the cut-off for moderate anxiety symptoms.
Suicidal Thoughts

- There were no differences between males and females in reported levels of suicidal thoughts.
Translation to policy and practice

- Mental Health Transition and Recovery Plan
- National Wellbeing Hub: An Evidence-based Development For Scotland’s Health and Social Care Workforce
National Wellbeing Hub

• National Wellbeing Hub launched May 2020 – single platform for Health & Social Care staff and unpaid Carers to access quality assured resources
• Reflects learning from experience of professionals in other countries dealing with COVID-19 and parallel lessons for responding to emergencies
• Content & resources reflect concept of Psychological First Aid and principles of empowerment (taking control), self-care and prevention.
• Access to 3 digital mental health resources – Feeling Good (enhances personal resilience), Sleepio (fatigue / disturbed sleep) and Daylight (anxiety) – and personal coaching.

www.promis.scot
Key messages I

- Rapid increase in mental health research and evidence for the mental health impacts of the pandemic and measures to mitigate and suppress the transmission of the virus.
- Synthesis and translation of evidence to policy needs to be timely and of high quality to provide a basis for decision making.
- In our approach we have sought to bring together researchers, clinicians, people with lived experience and policy makers to bring diverse knowledge and expertise to this process.
Key messages II

• Need for a broader, inclusive and diverse discipline of mental health science.
• Importance of qualitative methods to engage with and capture lived experiences of groups hit hard and marginalized further by the pandemic and its economic consequences.
• The importance of understanding strengths and resilience amongst individuals, groups and communities.
• The need to assess impacts of policy and services change on determinants of mental ill health and outcomes for individuals.
Key messages

• The mental health impacts of COVID-19 are falling unevenly across pre-existing fault lines reflecting long standing structural inequalities.

• Failure to meaningfully address these impacts will magnify these inequalities creating the potential for greater marginalization, distrust and loss of public confidence in public health measures.

• Public health policies need to directly address and mitigate impacts on those groups at greater risk of being subject to those mental health impacts.
Health care workers and carers play a crucial role in responding to the pandemic and are at significantly increased risk of psychological distress, anxiety, depression and PTSD.

Crucial learning from other countries in terms of how health care systems have responded to needs of those in caring roles to optimise the support of individuals, teams and managers.

Healthcare organisations need to create accessible pathways to support people in caring roles to access trauma informed, timely and evidence-based interventions.
Acknowledgements

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David Weakliam
Global Health Programme Director
Health Service Executive Ireland
Any Questions?

#HISQICoConnect
Next Time...

Suzie Bailey
Director of Leadership & Organisational Development
The King’s Fund
Thursday 26th November,
3.00 – 4.00 PM UK Time

#HISQICConnect
WATCH AGAIN

Online: http://www.healthcareimprovementscotland.org/our_work/clinical_engagement/qi_connect.aspx
YouTube: https://www.youtube.com/channel/UCUjQOmqJ9d_DzhoeKxo7S_Q

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