**Summary matrix: What is the evidence base for interventions that will mitigate the impact of COVID on mental health conditions/emotional wellbeing both at an individual level (such as self-care, personal wellbeing and resilience support etc.) and community organisations (social connectedness, community support organisations etc.)**

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| Priority   1. Must 2. Should 3. Could | Study design or Category | Citation | Date | Information about the resource/abstracts |
| 1 | Guidance | Royal College of psychiatrists website  [Guidance for clinicians](https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians)  Royal College of Psychiatrists |  | TheRoyal College of Psychiatrists is working with NHS England and Improvement (NHSE/I) to update guidance for psychiatrists and other healthcare professionals working in mental health settings.  Includes, amongst others:   * COVID -19: About this information * COVID-19: Community and inpatient services * COVID- 19: Wellbeing and support |
| 1 | Briefing | [Public mental health and wellbeing and COVID-19](https://local.gov.uk/public-mental-health-and-wellbeing-and-covid-19)  **Publisher:** ADPH/Local Government Association | April  2020 | This briefing for Directors of Public Health is about the public and mental health wellbeing issues arising from the COVID-19 outbreak.  It includes:   * Public mental health and wellbeing impacts * Key principles of local responses * What councils are doing and further information |
| 1 | Briefing | [Briefing 56: Trauma, mental health and coronavirus. Supporting healing and recovery](https://www.centreformentalhealth.org.uk/trauma-mental-health-and-coronavirus)  **Author:** Wilton, Jo  **Publisher:** Centre for Mental Health | 5th May  2020 | This briefing explores the ideas of collective trauma and healing, and what the process of recovery may look like. |
| 1 | Briefing | [Supporting mental health in communities during the coronavirus crisis bringing together voluntary, community and statutory services](https://www.centreformentalhealth.org.uk/mental-health-communities-coronavirus)  **Publishers:** Centre for Mental Health; Association of Mental Health Providers, NHS Confederation Mental Health Network | April  2020 | This briefing looks at how statutory service commissioners and providers are working with their voluntary and community sector partners to respond to the crisis and gives practical advice on how to build effective partnerships locally. |
| 1 |  | **World Health Organisation (WHO) website** |  | **Links to information on the World Health Organisation (WHO) website**  **As part of its public health response WHO has worked with partners to develop a set of new materials on mental health and psychosocial support aspects of COVID-19**  [**Mental health and COVID 19**](http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/novel-coronavirus-2019-ncov-technical-guidance/coronavirus-disease-covid-19-outbreak-technical-guidance-europe/mental-health-and-covid-19)  **See also** (view the above and scroll to the bottom of the page for further links)   * WHO briefing note - Mental Health and Psychosocial considerations during the COVID-19 outbreak * Inter-Agency Standing Committee briefing note – Addressing mental health and psychosocial aspects of COVID-19 outbreak |
| 1 |  | **OECD Policy Responses to Coronavirus**  [Flattening the peak: Containment and Mitigation policies](https://www.oecd.org/coronavirus/policy-responses/flattening-the-covid-19-peak-containment-and-mitigation-policies/)  **Publisher:** [Organisation for Economic Cooperation and Development (OECD)](http://www.oecd.org/) | March  2020 | This document focuses on containment and mitigation measures to flatten the peak of COVID-19 and thus decrease as much as possible its huge strain on healthcare systems. The brief explains what containment and mitigation measures are, why there is a need to adopt an overall package of measures to enhance their overall impact, and then presents evidence on the relative effectiveness of each main measure, drawing from previous episodes of epidemic outbursts, largely to inform on a possible exit strategy once the virus is under control.  **See: Box 3 – which relates to mental health.** |
| 1 | Guidance | [Meeting the psychological needs of people recovering from severe coronovirus (COVID-19)](https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/Meeting%20the%20psychological%20needs%20of%20people%20recovering%20from%20severe%20coronavirus.pdf)  **Publisher:** British Psychological Society | **16th April 2020** | This guidance considers the likely psychological needs of people who have been hospitalised with severe coronavirus (Covid-19), and the most effective ways to support their recovery. |
| 1 | Article | **The psychological impact of quarantine and how to reduce it: Rapid review of the evidence**  **Author(s):** Brooks, Samantha K.; Webster, Rebecca K.; Smith, Louise E.; Woodland, Lisa; Wessely, Simon; Greenberg, Neil; Rubin, Gideon James  **Source:** The Lancet; Mar 2020; vol. 395 (no. 10227); p. 912-920  **Publication Date:** Mar 2020  **Available at:** [Lancet (London, England)](https://doi.org/10.1016/S0140-6736(20)30460-8?urlappend=%3fgoto=sd) - from ScienceDirect (Health Sciences) Available to PHE and Local Authority staff | March  2020 | **Abstract:** The December, 2019 coronavirus disease outbreak has seen many countries ask people who have potentially come into contact with the infection to isolate themselves at home or in a dedicated quarantine facility. Decisions on how to apply quarantine should be based on the best available evidence.  We did a Review of the psychological impact of quarantine using three electronic databases.  Of 3166 papers found, 24 are included in this Review.  Most reviewed studies reported negative psychological effects including post-traumatic stress symptoms, confusion, and anger. Stressors included longer quarantine duration, infection fears, frustration, boredom, inadequate supplies, inadequate information, financial loss, and stigma. Some researchers have suggested long-lasting effects.  In situations where quarantine is deemed necessary, officials should quarantine individuals for no longer than required, provide clear rationale for quarantine and information about protocols, and ensure sufficient supplies are provided. Appeals to altruism by reminding the public about the benefits of quarantine to wider society can be favourable. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract) |
| 1 | Article | **Mitigating the wider health effects of covid-19 pandemic response**  **Author(s):** Douglas, Margaret; Srinivasa Vittal Katikireddi; Taulbut, Martin; McKee, Martin; McCartney, Gerry  **Source:** BMJ : British Medical Journal (Online); Apr 2020; vol. 369  **Publication Date:** Apr 2020  **Available at:** [BMJ (Clinical research ed.)](https://go.openathens.net/redirector/nhs?url=https%3A%2F%2Fwww.bmj.com%2Flookup%2Fdoi%2F10.1136%2Fbmj.m1557) - from BMJ Journals - NHS | April  2020 | **Abstract:** Social, economic, and health consequences are inevitable.  Box 1 Social distancing measures Advising the whole population to self-isolate at home if they or their family have symptoms Bans on social gatherings (including mass gatherings) Stopping flights and public transport Closure of "non-essential" workplaces (beyond the health and social care sector, utilities, and the food chain) with continued working from home for those that can Closure of schools, colleges, and universities Prohibition of all "non-essential" population movement Limiting contact for special populations (eg, care homes, prisons) The health benefits of social distancing measures are obvious, with a slower spread of infection reducing the risk that health services will be overwhelmed. Table 1 summarises several mechanisms through which the pandemic response is likely to affect health: economic effects, social isolation, family relationships, health related behaviours, disruption to essential services, disrupted education, transport and green space, social disorder, and psychosocial effects. The appendix on bmj.com provides further details of mechanisms, effects, and mitigation measures.  Box 2 Groups at particular risk from responses to covid-19 Older people—highest direct risk of severe covid-19, more likely to live alone, less likely to use online communications, at risk of social isolation Young people—affected by disrupted education at critical time; in longer term most at risk of poor employment and associated health outcomes in economic downturn Women—more likely to be carers, likely to lose income if need to provide childcare during school closures, potential for increase in family violence for some People of East Asian ethnicity—may be at increased risk of discrimination and harassment because the pandemic is associated with China People with mental health problems—may be at greater risk from social isolation People who use substances or in recovery—risk of relapse or withdrawal People with a disability—affected by disrupted support services People with reduced communication abilities (eg, learning disabilities, limited literacy or English language ability)—may not receive key governmental communications Homeless people—may be unable to self-isolate or affected by disrupted support services People in criminal justice system—difficulty of isolation in prison setting, loss of contact with family Undocumented migrants—may have no access to or be reluctant to engage with health services Workers on precarious contracts or self-employed—high risk of adverse effects from loss of work and no income People on low income—effects will be particularly severe as they already have poorer health and are more likely to be in insecure work without financial reserves People in institutions (care homes, special needs facilities, prisons, migrant detention centres, cruise liners)—as these institutions may act as amplifiers Table 1 Health effects of social distancing measures and actions to mitigate them Mechanism Summary of effects Summary of mitigations Economic effects Unemployment has large negative effects on both physical and mental health,7 with a meta-analysis reporting a 76% increase in all-cause mortality in people followed for up. |
| 2 |  | **Psychological distress and psychiatric disorder after natural disasters: Systematic review and meta-analysis**  **Author(s):** Beaglehole, Ben; Mulder, Roger T.; Frampton, Chris M.; Boden, Joseph M.; Newton-Howes, Giles; Bell, Caroline J.  **Source:** The British Journal of Psychiatry; Dec 2018; vol. 213 (no. 6); p. 716-722  **Publication Date:** Dec 2018  **Available at:** [The British journal of psychiatry : the journal of mental science](http://gateway.proquest.com/openurl?ctx_ver=Z39.88-2004&res_id=xri:pqm&req_dat=xri:pqil:pq_clntid=168805&rft_val_fmt=ori/fmt:kev:mtx:journal&genre=article&issn=0007-1250&volume=213&issue=6&spage=716) - from ProQuest (Health Research Premium) - NHS Version | Dec  2018 | **Abstract: Background:** Natural disasters are increasing in frequency and severity. They cause widespread hardship and are associated with detrimental effects on mental health.  **Aims:** Our aim is to provide the best estimate of the effects of natural disasters on mental health through a systematic review and meta-analysis of the rates of psychological distress and psychiatric disorder after natural disasters.  **Method:** This systematic review and meta-analysis is limited to studies that met predetermined quality criteria. We required included studies to make comparisons with pre-disaster or non-disaster exposed controls, and sample representative populations. Key studies were identified through a comprehensive search of PubMed, EMBASE and PsycINFO from 1980 to 3 March 2017. Random effects meta-analyses were performed for studies that reported key outcomes with appropriate statistics.  **Results:** Forty-one studies were identified by the literature search, of which 27 contributed to the meta-analyses. Continuous measures of psychological distress were increased after natural disasters (combined standardised mean difference 0.63, 95% CI 0.27–0.98, P = 0.005). Psychiatric disorders were also increased (combined odds ratio 1.84, 95% CI 1.43–2.38, P < 0.001). Rates of post-traumatic stress disorder and depression were significantly increased after disasters. Findings for anxiety and alcohol misuse/dependence were not significant. High rates of heterogeneity suggest that disaster-specific factors and, to a lesser degree, methodological factors contribute to the variance between studies.  **Conclusions:** Increased rates of psychological distress and psychiatric disorders follow natural disasters. High levels of heterogeneity between studies suggest that disaster variables and post-disaster response have the potential to mitigate adverse effects. (PsycINFO Database Record (c) 2019 APA, all rights reserved) |
| 2 | **Comment** | **Timely mental health care for the 2019 novel coronavirus outbreak is urgently needed.**  **Author(s):** Xiang, Yu-Tao; Yang, Yuan; Li, Wen; Zhang, Ling; Zhang, Qinge; Cheung, Teris; Ng, Chee H  **Source:** The lancet. Psychiatry; Mar 2020; vol. 7 (no. 3); p. 228-229  **Available at:** [The lancet. Psychiatry](http://www.thelancet.com/article/S2215036620300468/pdf) - from Unpaywall | Mar  2020 |  |
| 1 | Article | **Managing mental health challenges faced by healthcare workers during covid-19 pandemic.**  **Author(s):** Greenberg, Neil; Docherty, Mary; Gnanapragasam, Sam; Wessely, Simon  **Source:** BMJ (Clinical research ed.); Mar 2020; vol. 368 ; p. m1211  **Publication Date:** Mar 2020  **Available at:** [BMJ (Clinical research ed.)](https://go.openathens.net/redirector/nhs?url=https%3A%2F%2Fwww.bmj.com%2Flookup%2Fdoi%2F10.1136%2Fbmj.m1211) - from BMJ Journals - NHS | Mar  2020 |  |
| 2 |  | **Mental Health Services in Lombardy during COVID-19 outbreak**  **Author(s):** Percudani M.; Corradin M.; Moreno M.; Indelicato A.; Vita A.  **Source:** Psychiatry Research; Jun 2020; vol. 288  **Publication Date:** Jun 2020  **Publication Type(s):** Article  **Available at:** [Psychiatry research](https://linkinghub.elsevier.com/retrieve/pii/S0165178120307265?goto=sd) - from ScienceDirect (Health Sciences) Available to PHE and Local Authority staff | June  2020 | **Abstract:** Lombardy is the Region in Italy the most heavily affected by coronavirus disease (COVID-19) contagion. The Regional Health Authority mandates that mental health services should be guaranteed, identifying mental health as a priority for their citizens. Recommendations for occupational and health safety have been provided to patients and hospital staff, including support for telemedicine activities and remote psychosocial interventions. Services of the Mental Health Departments of Milano "Niguarda" and Brescia "Spedali Civili" Hospitals are providing continued care at a community, residential and hospital level, and to positive COVID-19 psychiatric patients in need of hospitalization. Copyright © 2020 Elsevier B.V. |
| 1 | Article | **Mental Health in the Coronavirus Disease 2019 Emergency-The Italian Response.**  **Author(s):** de Girolamo, Giovanni; Cerveri, Giancarlo; Clerici, Massimo; Monzani, Emiliano; Spinogatti, Franco; Starace, Fabrizio; Tura, Giambattista; Vita, Antonio  **Source:** JAMA psychiatry; Apr 2020  **Publication Date:** Apr 2020 | April  2020 | **Abstract:** Importance This article briefly reports the experience of mental health services and the lessons learned during the coronavirus disease 2019 (COVID-19) crisis. In particular, this report offers opportunities to build on experience gained in managing the COVID-19 emergency in the Departments of Mental Health and Addiction (DMHAs) in Lombardy, the wealthiest Italian region, which has approximately 10 million inhabitants. Observations Italy has a National Mental Health System divided into 134 DMHAs, 27 of which are in Lombardy. In the 4 weeks after the epidemic started, important changes occurred in the management of DMHAs in Lombardy. Many challenges have occurred in the management of health services. In many hospitals, entire wards, including some psychiatric wards, have been reorganized to admit patients with COVID-19, and many physicians and nurses have been diverted to wards managing patients with COVID-19. Most day facilities for patients with psychiatric needs have been temporarily closed, whereas in residential facilities, patients who usually are free to come and go during the day have had to be confined in the facilities with very limited or no leave. These changes have produced considerable stresses on people with severe mental disorders. Many outpatient clinics have limited appointments to those with the most urgent cases, and home visits, a common practice in most DMHAs, have been drastically reduced with potentially detrimental consequences for patients' well-being. Another potential detrimental consequence of being forced to stay at home has been an increase in the hours spent face to face with families with high amounts of conflict. **Conclusions and Relevance** Departments of Mental Health need to be equipped with appropriate e-health technologies and procedures to cope with situations such as the COVID-19 pandemic. Additionally, interventions are needed to mitigate the potentially harmful consequences of quarantine. Departments of Mental Health should be able to assume a leadership position in the psychosocial management of disaster like situations, and this requires the acquisition of new skills, notably how to correctly inform the population about risk, train and disseminate effective preventive and management procedures for disasters, support health personnel and rescuers, and support those experiencing bereavement. |
| 1 | Article | **A longitudinal study on the mental health of general population during the COVID-19 epidemic in China.**  **Author(s):** Wang C; Pan R; Wan X; Tan Y; Xu L; McIntyre RS; Choo FN; Tran B; Ho R; Sharma VK; Ho C  **Source:** Brain, behavior, and immunity; Apr 2020  **Publication Date:** Apr 2020  **Available at:** [Brain, behavior, and immunity](https://linkinghub.elsevier.com/retrieve/pii/S0889159120305110?goto=sd) - from ScienceDirect (Immunology and Microbiology) Available to PHE and Local Authority staff | Apr  2020 | **Abstract:** In addition to being a public physical health emergency, Coronavirus disease 2019 (COVID-19) affected global mental health, as evidenced by panic-buying worldwide as cases soared. Little is known about changes in levels of psychological impact, stress, anxiety and depression during this pandemic.  This longitudinal study surveyed the general population twice - during the initial outbreak, and the epidemic's peak four weeks later, surveying demographics, symptoms, knowledge, concerns, and precautionary measures against COVID-19. There were 1738 respondents from 190 Chinese cities (1210 first-survey respondents, 861 s-survey respondents; 333 respondents participated in both). Psychological impact and mental health status were assessed by the Impact of Event Scale-Revised (IES-R) and the Depression, Anxiety and Stress Scale (DASS-21), respectively. IES-R measures PTSD symptoms in survivorship after an event. DASS -21 is based on tripartite model of psychopathology that comprise a general distress construct with distinct characteristics.  This study found that there was a statistically significant longitudinal reduction in mean IES-R scores (from 32.98 to 30.76, p 24) for PTSD symptoms, suggesting that the reduction in scores was not clinically significant. During the initial evaluation, moderate-to-severe stress, anxiety and depression were noted in 8.1%, 28.8% and 16.5%, respectively and there were no significant longitudinal changes in stress, anxiety and depression levels (p > 0.05). Protective factors included high level of confidence in doctors, perceived survival likelihood and low risk of contracting COVID-19, satisfaction with health information, personal precautionary measures. As countries around the world brace for an escalation in cases, Governments should focus on effective methods of disseminating unbiased COVID-19 knowledge, teaching correct containment methods, ensuring availability of essential services/commodities, and providing sufficient financial support. |
| 1 | Article | **Narrative synthesis of psychological and coping responses towards emerging infectious disease outbreaks in the general population: practical considerations for the COVID-19 pandemic.**  **Author(s):** Chew QH; Wei KC; Vasoo S; Chua HC; Sim K  **Source:** Singapore medical journal; Apr 2020  **Available at:** [Singapore medical journal](http://europepmc.org/search?query=(DOI:10.11622/smedj.2020046)) - from Europe PubMed Central - Open Access | Apr  2020 | **Abstract: INTRODUCTION:** Emerging infectious disease outbreaks, such as the present coronavirus disease 2019 (COVID-19) pandemic, often have a psychological impact on the well-being of the general population, including survivors and caregivers. Our study aimed to synthesise extant literature regarding the combined psychological responses and coping methods used by the general population in past outbreaks.  **METHODS:** We conducted a narrative synthesis of the published literature over the last two decades with a quality appraisal of included articles that reported both psychological responses and coping strategies within infectious disease outbreaks.  **RESULTS:** A total of 144 papers were identified from the search, 24 of which were included in the review. Overall, 18 studies examined the psychosocial responses of the general population towards the severe acute respiratory syndrome epidemic, four studies focused on the Ebola epidemic and two studies covered the H1N1 outbreak. Common themes in psychological responses included anxiety/fears, depression, anger, guilt, grief and loss, post-traumatic stress, and stigmatisation, but also a greater sense of empowerment and compassion towards others. Coping strategies adopted included problem-focused coping (seeking alternatives, self- and other-preservation), seeking social support, avoidance, and positive appraisal of the situation.  **CONCLUSION:** Amid the range of psychosocial responses seen in past infectious disease outbreaks, practical considerations for the current COVID-19 pandemic need to focus on the individual in the context of the larger social environment, with an emphasis on raising awareness of the range of possible psychosocial responses, access to psychological help, self- care, empowering self-support groups and sustained engagement with updated, reliable information about the outbreak. |
| 1 | Review | **Focus on Mental Health During the Coronavirus (COVID-19) Pandemic: Applying Learnings from the Past Outbreaks.**  **Author(s):** Shah, Kaushal; Kamrai, Dhwani; Mekala, Hema; Mann, Birinder; Desai, Krishna; Patel, Rikinkumar S  **Source:** Cureus; Mar 2020; vol. 12 (no. 3); p. e7405  **Publication Date:** Mar 2020  **Available at:** [Cureus](http://gateway.proquest.com/openurl?ctx_ver=Z39.88-2004&res_id=xri:pqm&req_dat=xri:pqil:pq_clntid=168805&rft_val_fmt=ori/fmt:kev:mtx:journal&genre=article&issn=2168-8184&volume=12&issue=3&spage=e7405) - from ProQuest (Health Research Premium) - NHS Version | March  2020 | **Abstract:** The 2019 novel coronavirus (COVID-19) has gained global attention after it originated from China at the end of 2019, and later turned into pandemic as it affected about 118,000 in 114 countries by March 11, 2020. By March 13, 2020, it was declared a national emergency in the United States as the number of COVID-19 cases, and the death toll rose exponentially. To contain the spread of the disease, the world scientist community came together. However, the unpreparedness of the nations, even with the advanced medical sciences and resources, has failed to address the mental health aspect amongst the public, as all efforts are focused on understanding the epidemiology, clinical features, transmission patterns, and management of COVID-19 pneumonia.  Our efforts in this review are to evaluate and study similar outbreaks from the past to understand its adverse impact on mental health, implement adequate steps to tackle and provide a background to physicians and healthcare workers at the time of such outbreaks to apply psychological first aid. |
| 1 | Article | **Mental health burden for the public affected by the covid-19 outbreak in china: Who will be the high-risk group?**  **Author(s):** Huang, Yeen; Zhao, Ning  **Source:** Psychology, Health & Medicine; Apr 2020  **Publication Date:** Apr 2020  **Available at:** [Psychology, Health & Medicine](https://www.tandfonline.com/doi/pdf/10.1080/13548506.2020.1754438?needAccess=true) - from Unpaywall | April  2020 | **Abstract:** In December, 2019, an outbreak of respiratory illness caused by Coronavirus disease 2019 (COVID-19) emerged in Wuhan, China and spread rapidly to other parts of China and around the world.  **We aimed** to identify high-risk groups whose mental health conditions were vulnerable to the COVID-19 outbreak. Data were collected from 7,236 self-selected participants measured by anxiety symptoms, depressive symptoms, and sleep quality. The overall prevalence of anxiety symptoms, depressive symptoms, and poor sleep quality were 35.1%, 20.1%, and 18.2%, respectively. People aged < 35 years reported a higher prevalence of anxiety symptoms and depressive symptoms than people aged ≥ 35 years. Healthcare workers have the highest rate of poor sleep compared to other occupations. Healthcare workers/younger people who spent a high level of time (≥ 3 hours/day) had a particular higher prevalence of anxiety symptoms than in those who spent less time (< 1 hours/day and 1-2 hours/day) on the outbreak.  During the COVID-19 outbreak, healthcare workers and younger people were at an especially high-risk of displaying psychological impact when they spent too much time thinking about the outbreak. Continuous monitoring of the psychological consequences for high-risk population should become routine as part of targeted interventions during times of crisis.I (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract) |
| 1 | Article | **Psychological support in times of COVID-19: the Essen community-based CoPE concept**  **Author(s):** Bauerle A.; Skoda E.-M.; Dorrie N.; Teufel M.; Bottcher J.  **Source:** Journal of public health (Oxford, England); Apr 2020  **Publication Date:** Apr 2020  **Available at:** [Journal of public health (Oxford, England)](https://academic.oup.com/jpubhealth/article-lookup/doi/10.1093/pubmed/fdaa053) - from Oxford Journals A - Z Available to PHE and Local Authority staff | April  2020 | **Abstract:** The SARS CoV-2-virus (COVID-19) pandemic is pushing national and international structures to their limits. Little is known about treatment options to combat the novel virus, but the same applies to the effects of COVID-19 on people's mental health. In Germany, as in many other countries, governmental actions impact peoples' individual freedom. These highly necessary actions to slow down the spread of the virus, however, are a burden to the community.  We established a structured concept to support psychological burdened people in Essen, which is located in the Ruhr area, a metropolitan region with more than 5.1 million inhabitants in the heart of the federal state North Rhine Westphalia. The psychological burden following the spread of the virus and individual restrictions should not be neglected. Copyright © The Author(s) 2020. Published by Oxford University Press on behalf of Faculty of Public Health. All rights reserved. For permissions, please e-mail: journals.permissions@oup.com. |
| 1 | Article | **Battle Buddies: Rapid Deployment of a Psychological Resilience Intervention for Healthcare Workers during the COVID-19 Pandemic.**  **Author(s):** Albott, Cristina Sophia; Wozniak, Jeffrey R; McGlinch, Brian P; Wall, Michael H; Gold, Barbara S; Vinogradov, Sophia  **Source:** Anesthesia and analgesia; Apr 2020 | April  2020 | **Abstract:** The outbreak of the coronavirus disease 2019 (COVID-19) and its rapid global spread have created unprecedented challenges to healthcare systems. Significant and sustained efforts have focused on mobilization of personal protective equipment, intensive care beds, and medical equipment, while substantially less attention has focused on preserving the psychological health of the medical workforce tasked with addressing the challenges of the pandemic. And yet, similar to battlefield conditions, healthcare workers are being confronted with ongoing uncertainty about resources, capacities, and risks; as well as exposure to suffering, death, and threats to their own safety. These conditions are engendering high levels of fear and anxiety in the short-term, and place individuals at risk for persistent stress-exposure syndromes, sub-clinical mental health symptoms, and professional burnout in the long-term. Given the potentially wide-ranging mental health impact of COVID-19, protecting healthcare workers from adverse psychological effects of the pandemic is critical.  Therefore, we present an overview of the potential psychological stress responses to the COVID-19 crisis in medical providers and describe pre-emptive resilience-promoting strategies at the organizational and personal level. We then describe a rapidly deployable Psychological Resilience Intervention founded on a peer-support model (Battle Buddies) developed by the United States Army.  This intervention-- the product of a multidisciplinary collaboration between the Departments of Anesthesiology and Psychiatry & Behavioral Sciences at the University of Minnesota Medical Center-- also incorporates evidence-informed "stress inoculation" methods developed for managing psychological stress exposure in providers deployed to disasters.  Our multi-level, resource-efficient, and scalable approach places two key tools directly in the hands of providers: 1) A peer-support Battle Buddy; and 2) A designated mental health consultant who can facilitate training in stress inoculation methods, provide additional support, or coordinate referral for external professional consultation. In parallel, we have instituted a voluntary research data-collection component that will enable us to evaluate the intervention's effectiveness while also identifying the most salient resilience factors for future iterations. It is our hope that these elements will provide guidance to other organizations seeking to protect the well-being of their medical workforce during the pandemic. Given the remarkable adaptability of human beings, we believe that, by promoting resilience, our diverse healthcare workforce can emerge from this monumental challenge with new skills, closer relationships, and greater confidence in the power of community. |
| 1 | Article | **Is returning to work during the COVID-19 pandemic stressful? A study on immediate mental health status and psychoneuroimmunity prevention measures of Chinese workforce**  **Author(s):** Tan W.; Ho R.; Hao F.; Jiang L.; Zhang L.; Zhao X.; Zou Y.; Hu Y.; Luo X.; McIntyre R.S.; Jiang X.; Zhang Z.; Lai A.; Ho C.; Tran B.; Tam W.  **Source:** Brain, Behavior, and Immunity; 2020  **Available at:** [Brain, behavior, and immunity](https://linkinghub.elsevier.com/retrieve/pii/S0889159120306036?goto=sd) - from ScienceDirect (Immunology and Microbiology) Available to PHE and Local Authority staff | 2020 | **Abstract:** This study aimed to quantify the immediate psychological effects and psychoneuroimmunity prevention measures of a workforce returning to work during the COVID-19 epidemic. Workforce returning to work was invited to complete an online questionnaire regarding their attitude toward the COVID-19 epidemic and return-to-work along with psychological parameters including the Impact of Event Scale-Revised, Depression, Anxiety, Stress Scale- 21 (DASS-21) and Insomnia Severity Index (ISI). Psychoneuroimmunity prevention measures include precautions at personal and organization levels. From 673 valid questionnaires, we found that 10.8% of respondents met the diagnosis of post-traumatic stress disorder (PTSD) after returning to work. The respondents reported a low prevalence of anxiety (3.8%), depression (3.7%), stress (1.5%) and insomnia (2.3%). There were no significant differences in the severity of psychiatric symptoms between workers/technicians and executives/managers. >95% reported psychoneuroimmunity prevention measures including good ventilation in the workplace and wore a face mask as protective. Factors that were associated with the severity of psychiatric symptoms in the workforce were marital status, presence of physical symptom, poor physical health and viewing return to work as a health hazard (p < 0.05). In contrast, personal psychoneuroimmunity prevention measures including hand hygiene and wearing face masks as well as organizational measures including significant improvement of workplace hygiene and concerns from the company were associated with less severe psychiatric symptoms (p < 0.05). Contrary to expectations, returning to work had not caused a high level of psychiatric symptoms in the workforce. The low prevalence of psychiatric symptoms could be due to confidence instilled by psychoneuroimmunity prevention measures before the resumption of work. Our findings would provide information for other countries during the COVID-19 pandemic. Copyright © 2020 Elsevier Inc. |
| 1 | Article | **The impact of covid-19 epidemic declaration on psychological consequences: A study on active weibo users**  **Author(s):** Li S.; Wang Y.; Zhao N.; Zhu T.; Xue J.  **Source:** International Journal of Environmental Research and Public Health; Mar 2020; vol. 17 (no. 6)  **Publication Date:** Mar 2020  **Available at:** [International journal of environmental research and public health](http://gateway.proquest.com/openurl?ctx_ver=Z39.88-2004&res_id=xri:pqm&req_dat=xri:pqil:pq_clntid=168805&rft_val_fmt=ori/fmt:kev:mtx:journal&genre=article&issn=1661-7827&volume=17&issue=6&spage=2032) - from ProQuest (Health Research Premium) - NHS Version | Mar  2020 | **Abstract:** COVID-19 (Corona Virus Disease 2019) has significantly resulted in a large number of psychological consequences. The aim of this study is to explore the impacts of COVID-19 on people's mental health, to assist policy makers to develop actionable policies, and help clinical practitioners (e.g., social workers, psychiatrists, and psychologists) provide timely services to affected populations. We sample and analyze the Weibo posts from 17,865 active Weibo users using the approach of Online Ecological Recognition (OER) based on several machine-learning predictive models. We calculated word frequency, scores of emotional indicators (e.g., anxiety, depression, indignation, and Oxford happiness) and cognitive indicators (e.g., social risk judgment and life satisfaction) from the collected data. The sentiment analysis and the paired sample t-test were performed to examine the differences in the same group before and after the declaration of COVID-19 on 20 January, 2020. The results showed that negative emotions (e.g., anxiety, depression and indignation) and sensitivity to social risks increased, while the scores of positive emotions (e.g., Oxford happiness) and life satisfaction decreased. People were concerned more about their health and family, while less about leisure and friends. The results contribute to the knowledge gaps of short-term individual changes in psychological conditions after the outbreak. It may provide references for policy makers to plan and fight against COVID-19 effectively by improving stability of popular feelings and urgently prepare clinical practitioners to deliver corresponding therapy foundations for the risk groups and affected people. Copyright © 2020 by the authors. Licensee MDPI, Basel, Switzerland. |
| 2 | **Editorial** | **Covid-19 and mental health: a transformational opportunity to apply an evidence-based approach to clinical practice and research.**  **Author(s):** Smith, Katharine; Ostinelli, Edoardo; Cipriani, Andrea  **Source:** Evidence-based mental health; May 2020; vol. 23 (no. 2); p. 45-46  **Publication Date:** May 2020  **Available at:** [Evidence-based mental health](https://go.openathens.net/redirector/nhs?url=https%3A%2F%2Febmh.bmj.com%2Flookup%2Fdoi%2F10.1136%2Febmental-2020-300155) - from BMJ Journals - NHS | May 2020 |  |
| 1 |  | **Posttraumatic stress symptoms and attitude toward crisis mental health services among clinically stable patients with COVID-19 in China**  **Author(s):** Bo H.-X.; Wang Y.; Wu X.; Li W.; Yang Y.; Xiang Y.-T.; Zhang Q.; Cheung T.  **Source:** Psychological medicine; Mar 2020 ; p. 1-7  **Publication Date:** Mar 2020  **Publication Type(s):** Article  **Available at:** [Psychological medicine](https://www.cambridge.org/core/services/aop-cambridge-core/content/view/32D66826C54EB1A96C008089C0DE500E/S0033291720000999a.pdf/div-class-title-posttraumatic-stress-symptoms-and-attitude-toward-crisis-mental-health-services-among-clinically-stable-patients-with-covid-19-in-china-div.pdf) - from Unpaywall | Mar  2020 |  |
| 1 | Article | **Prevalence and predictors of PTSS during COVID-19 outbreak in China hardest-hit areas: Gender differences matter**  **Author(s):** Liu N.; Zhang F.; Wei C.; Jia Y.; Shang Z.; Sun L.; Wu L.; Sun Z.; Zhou Y.; Wang Y.; Liu W.  **Source:** Psychiatry Research; May 2020; vol. 287  **Publication Date:** May 2020  **Available at**: [Psychiatry research](https://linkinghub.elsevier.com/retrieve/pii/S016517812030545X?goto=sd) - from ScienceDirect (Health Sciences) Available to PHE and Local Authority staff | May 2020 | **Abstract:** The outbreak of COVID-19 in China in December 2019 has been identified as a pandemic and a health emergency of global concern. Our objective was to investigate the prevalence and predictors of posttraumatic stress symptoms (PTSS) in China hardest-hit areas during COVID-19 outbreak, especially exploring the gender difference existing in PTSS. One month after the December 2019 COVID-19 outbreak in Wuhan China, we surveyed PTSS and sleep qualities among 285 residents in Wuhan and surrounding cities using the PTSD Checklist for DSM-5 (PCL-5) and 4 items from the Pittsburgh Sleep Quality Index (PSQI). Hierarchical regression analysis and non-parametric test were used to analyze the data. Results indicated that the prevalence of PTSS in China hardest-hit areas a month after the COVID-19 outbreak was 7%. Women reported significant higher PTSS in the domains of re-experiencing, negative alterations in cognition or mood, and hyper-arousal. Participants with better sleep quality or less frequency of early awakenings reported lower PTSS. Professional and effective mental health services should be designed in order to aid the psychological wellbeing of the population in affected areas, especially those living in hardest-hit areas, females and people with poor sleep quality. Copyright © 2020 Elsevier B.V. |
| 1 | Article | **Mental health survey of 230 medical staff in a tertiary infectious disease hospital for COVID-19**  **Author(s):** Huang J.Z.; Han M.F.; Luo T.D.; Ren A.K.; Zhou X.P.  **Source:** Zhonghua lao dong wei sheng zhi ye bing za zhi = Zhonghua laodong weisheng zhiyebing zazhi = Chinese journal of industrial hygiene and occupational diseases; Mar 2020; vol. 38  **Publication Date:** Mar 2020 | Mar  2020 | **Abstract: Objective:** To investigate the mental health of clinical first-line medical staff in COVID-19 epidemic and provide theoretical basis for psychological intervention.  **Method(s):** The mental health status of the first-line medical staff was investigated by Self-rating Anxiety Acale (SAS) and Post-Traumatic Stress Disorder Self-rating Scale(PTSD-SS). From February 7 to 14, 2020, 246 medical staff were investigated who participated in the treatment of COVID-19 using cluster sampling , and received 230 responses, with a recovery rate of 93.5%. **Result(s):** The incidence of anxiety in medical staff was 23.04% (53/230), and the score of SAS was (42.91 +/- 10.89). Among them, the incidence of severe anxiety, moderate anxiety and mild anxiety were 2.17% (5/230), 4.78% (11/230) and 16.09% (37/230), respectively. The incidence of anxiety in female medical staff was higher than that in male [25.67% (48/187) vs 11.63% (5/43), Z=-2.008, P=0.045], the score of SAS in female medical staff was higher than that in male [(43.78+/-11.12) vs (39.14 +/- 9.01), t =-2.548, P=0.012]. The incidence of anxiety in nurses was higher than that in doctors [26.88% (43/160) vs 14.29% (10/70), Z=-2.066, P=0.039], and the score of SAS in nurses was higher than that in doctors [(44.84+/-10.42) vs (38.50+/-10.72), t =-4.207, P<0.001]. The incidence of stress disorder in medical staff was 27.39% (63/230), and the score of PTSD-SS was (42.92 +/- 17.88). The score of PTSD-SS in female medical staff was higher than that of male [(44.30+/-18.42) vs(36.91 +/- 13.95), t=-2.472, P=0.014]. **Conclusion(s):** In COVID-19 epidemic, the incidence of anxiety and stress disorder is high among medical staff. Medical institutions should strengthen the training of psychological skills of medical staff. Special attention should be paid to the mental health of female nurses. |
| 1 | Article | **Immediate psychological responses and associated factors during the initial stage of the 2019 coronavirus disease (COVID-19) epidemic among the general population in China**  **Author(s):** Wang C.; Pan R.; Wan X.; Tan Y.; Xu L.; Ho R.C.; Ho C.S.  **Source:** International Journal of Environmental Research and Public Health; Mar 2020; vol. 17 (no. 5)  **Publication Date:** Mar 2020  **Available at:** [International journal of environmental research and public health](http://gateway.proquest.com/openurl?ctx_ver=Z39.88-2004&res_id=xri:pqm&req_dat=xri:pqil:pq_clntid=168805&rft_val_fmt=ori/fmt:kev:mtx:journal&genre=article&issn=1661-7827&volume=17&issue=5&spage=1729) - from ProQuest (Health Research Premium) - NHS Version | Mar  2020 | **Abstract: Background:** The 2019 coronavirus disease (COVID-19) epidemic is a public health emergency of international concern and poses a challenge to psychological resilience. Research data are needed to develop evidence-driven strategies to reduce adverse psychological impacts and psychiatric symptoms during the epidemic. The aim of this study was to survey the general public in China to better understand their levels of psychological impact, anxiety, depression, and stress during the initial stage of the COVID-19 outbreak. The data will be used for future reference. **Method(s):** From 31 January to 2 February 2020, we conducted an online survey using snowball sampling techniques. The online survey collected information on demographic data, physical symptoms in the past 14 days, contact history with COVID-19, knowledge and concerns about COVID-19, precautionary measures against COVID-19, and additional information required with respect to COVID-19. Psychological impact was assessed by the Impact of Event Scale-Revised (IES-R), and mental health status was assessed by the Depression, Anxiety and Stress Scale (DASS-21). **Result(s):** This study included 1210 respondents from 194 cities in China. In total, 53.8% of respondents rated the psychological impact of the outbreak as moderate or severe; 16.5% reported moderate to severe depressive symptoms; 28.8% reported moderate to severe anxiety symptoms; and 8.1% reported moderate to severe stress levels. Most respondents spent 20-24 h per day at home (84.7%); were worried about their family members contracting COVID-19 (75.2%); and were satisfied with the amount of health information available (75.1%). Female gender, student status, specific physical symptoms (e.g., myalgia, dizziness, coryza), and poor self-rated health status were significantly associated with a greater psychological impact of the outbreak and higher levels of stress, anxiety, and depression (p < 0.05). Specific up-to-date and accurate health information (e.g., treatment, local outbreak situation) and particular precautionary measures (e.g., hand hygiene, wearing a mask) were associated with a lower psychological impact of the outbreak and lower levels of stress, anxiety, and depression (p < 0.05). **Conclusion(s):** During the initial phase of the COVID-19 outbreak in China, more than half of the respondents rated the psychological impact as moderate-to-severe, and about one-third reported moderate-to-severe anxiety. Our findings identify factors associated with a lower level of psychological impact and better mental health status that can be used to formulate psychological interventions to improve the mental health of vulnerable groups during the COVID-19 epidemic. Copyright © 2020 by the authors. Licensee MDPI, Basel, Switzerland. |
| 1 | Article | **COVID-19 and mental health: A review of the existing literature.**  **Author(s):** Rajkumar, Ravi Philip  **Source:** Asian journal of psychiatry; Apr 2020; vol. 52 ; p. 102066  **Publication Date:** Apr 2020  **Publication Type(s):** Journal Article  **Available at:** [Asian journal of psychiatry](https://linkinghub.elsevier.com/retrieve/pii/S1876201820301775?goto=sd) - from ScienceDirect (Health Sciences) Available to PHE and Local Authority staff | April  2020 | **Abstract:** The COVID-19 pandemic is a major health crisis affecting several nations, with over 720,000 cases and 33,000 confirmed deaths reported to date. Such widespread outbreaks are associated with adverse mental health consequences. Keeping this in mind, existing literature on the COVID-19 outbreak pertinent to mental health was retrieved via a literature search of the PubMed database. Published articles were classified according to their overall themes and summarized. Preliminary evidence suggests that symptoms of anxiety and depression (16-28%) and self-reported stress (8%) are common psychological reactions to the COVID-19 pandemic, and may be associated with disturbed sleep. A number of individual and structural variables moderate this risk. In planning services for such populations, both the needs of the concerned people and the necessary preventive guidelines must be taken into account. The available literature has emerged from only a few of the affected countries, and may not reflect the experience of persons living in other parts of the world. In conclusion, subsyndromal mental health problems are a common response to the COVID-19 pandemic. There is a need for more representative research from other affected countries, particularly in vulnerable populations. |
| 2 | Article | **Impact of Human Disasters and COVID-19 Pandemic on Mental Health: Potential of Digital Psychiatry.**  **Author(s):** Ćosić, Krešimir; Popović, Siniša; Šarlija, Marko; Kesedžić, Ivan  **Source:** Psychiatria Danubina; 2020; vol. 32 (no. 1); p. 25-31  **Publication Date:** 2020  Available at [Psychiatria Danubina](https://go.openathens.net/redirector/nhs?url=http%3A%2F%2Fsearch.ebscohost.com%2Flogin.aspx%3Fdirect%3Dtrue%26scope%3Dsite%26site%3Dehost-live%26db%3Dmdc%26AN%3D32303026) - from EBSCO (MEDLINE Complete) | 2020 | **Abstract:** Deep emotional traumas in societies overwhelmed by large-scale human disasters, like, global pandemic diseases, natural disasters, man-made tragedies, war conflicts, social crises, etc., can cause massive stress-related disorders. Motivated by the ongoing global coronavirus pandemic, the article provides an overview of scientific evidence regarding adverse impact of diverse human disasters on mental health in afflicted groups and societies. Following this broader context, psychosocial impact of COVID-19 as a specific global human disaster is presented, with an emphasis on disturbing mental health aspects of the ongoing pandemic. Limited resources of mental health services in a number of countries around the world are illustrated, which will be further stretched by the forthcoming increase in demand for mental health services due to the global COVID-19 pandemic.  Mental health challenges are particularly important for the Republic of Croatia in the current situation, due to disturbing stress of the 2020 Zagreb earthquake and the high pre-pandemic prevalence of chronic Homeland-War-related posttraumatic stress disorders. Comprehensive approach based on digital psychiatry is proposed to address the lack of access to psychiatric services, which includes artificial intelligence, telepsychiatry and an array of new technologies, like internet-based computer-aided mental health tools and services. These tools and means should be utilized as an important part of the whole package of measures to mitigate negative mental health effects of the global coronavirus pandemic. Our scientific and engineering experiences in the design and development of digital tools and means in mitigation of stress-related disorders and assessment of stress resilience are presented. Croatian initiative on enhancement of interdisciplinary research of psychiatrists, psychologists and computer scientists on the national and EU level is important in addressing pressing mental health concerns related to the ongoing pandemic and similar human disasters. |
| 2 | Article | **COVID-19 Pandemic and Impending Global Mental Health Implications**  **Author(s):** Shuja K.H.; Aqeel M.; Jaffar A.; Ahmed A.  **Source:** Psychiatria Danubina; Mar 2020; vol. 32 (no. 1); p. 32-35  **Publication Date:** Mar 2020  **Publication Type(s):** Article  **Available at:** [Psychiatria Danubina](https://go.openathens.net/redirector/nhs?url=http%3A%2F%2Fsearch.ebscohost.com%2Flogin.aspx%3Fdirect%3Dtrue%26scope%3Dsite%26site%3Dehost-live%26db%3Dmdc%26AN%3D32303027) - from EBSCO (MEDLINE Complete) | Mar  2020 | **Abstract:** The increase in organisms transference and infectious pandemics across the globe have been accelerated by an increase in travel, international exchange and global changes in earth's climate. COVID-19, a virus caused by the novel coronavirus that was initially identified on December 2019, in Wuhan city of China is currently affecting 146 territories, states and countries raising distress, panic and increasing anxiety in individuals exposed to the (actual or supposed) peril of the virus across the globe. Fundamentally, these concerns ascend with all infections, including those of flu and other agents, and the same worldwide safeguards are compulsory and suggested for protection and the prevention of further diffusion. However, media has underlined COVID-19 as rather an exclusive threat, which has added to panic and stress in masses which can lead to several mental health issues like anxiety, obsessive compulsive disorder and post-traumatic stress disorder which should be contained immediately in its initial phases. |
| 1 | **Article:**  **comment** | **Psychological interventions for people affected by the COVID-19 epidemic.**  **Author(s):** Duan, Li; Zhu, Gang  **Source:** The lancet. Psychiatry; Apr 2020; vol. 7 (no. 4); p. 300-302  **Publication Date:** Apr 2020  **Available at:** [The lancet. Psychiatry](https://doi.org/10.1016/s2215-0366(20)30073-0) - from Unpaywall | April  2020 |  |
| 1 | Systematic Review and Meta-analysis | **Prevalence of post-traumatic stress disorder symptoms in adult critical care survivors: a systematic review and meta-analysis.**  **Author(s):** Righy, Cássia; Rosa, Regis Goulart; da Silva, Rodrigo Teixeira Amancio; Kochhann, Renata; Migliavaca, Celina Borges; Robinson, Caroline Cabral; Teche, Stefania Pigatto; Teixeira, Cassiano; Bozza, Fernando Augusto; Falavigna, Maicon  **Source:** Critical Care; Jun 2019; vol. 23 (no. 1); p. 1-13  **Available at:** [Critical Care](https://go.openathens.net/redirector/nhs?url=http%3A%2F%2Fsearch.ebscohost.com%2Flogin.aspx%3Fdirect%3Dtrue%26scope%3Dsite%26site%3Dehost-live%26db%3Dmdc%26AN%3D31186070) - from EBSCO (MEDLINE Complete) | June  2019 | **Abstract: Background:** As more patients are surviving intensive care, mental health concerns in survivors have become a research priority. Among these, post-traumatic stress disorder (PTSD) can have an important impact on the quality of life of critical care survivors. However, data on its burden are conflicting. Therefore, this systematic review and meta-analysis aimed to evaluate the prevalence of PTSD symptoms in adult critical care patients after intensive care unit (ICU) discharge. **Methods:** We searched MEDLINE, EMBASE, LILACS, Web of Science, PsycNET, and Scopus databases from inception to September 2018. We included observational studies assessing the prevalence of PTSD symptoms in adult critical care survivors. Two reviewers independently screened studies and extracted data. Studies were meta-analyzed using a random-effects model to estimate PTSD symptom prevalence at different time points, also estimating confidence and prediction intervals. Subgroup and meta-regression analyses were performed to explore heterogeneity. Risk of bias was assessed using the Joanna Briggs Institute tool and the GRADE approach. **Results:** Of 13,267 studies retrieved, 48 were included in this review. Overall prevalence of PTSD symptoms was 19.83% (95% confidence interval [CI], 16.72-23.13; I2 = 90%, low quality of evidence). Prevalence varied widely across studies, with a wide range of expected prevalence (from 3.70 to 43.73% in 95% of settings). Point prevalence estimates were 15.93% (95% CI, 11.15-21.35; I2 = 90%; 17 studies), 16.80% (95% CI, 13.74-20.09; I2 = 66%; 13 studies), 18.96% (95% CI, 14.28-24.12; I2 = 92%; 13 studies), and 20.21% (95% CI, 13.79-27.44; I2 = 58%; 7 studies) at 3, 6, 12, and > 12 months after discharge, respectively. **Conclusion:** PTSD symptoms may affect 1 in every 5 adult critical care survivors, with a high expected prevalence 12 months after discharge. ICU survivors should be screened for PTSD symptoms and cared for accordingly, given the potential negative impact of PTSD on quality of life. In addition, action should be taken to further explore the causal relationship between ICU stay and PTSD, as well as to propose early measures to prevent PTSD in this population. Trial Registration: PROSPERO, CRD42017075124 , Registered 6 December 2017. |
| 2 | Article | **Preparing for pandemic influenza and its aftermath: Mental health issues considered**  **Author(s):** Douglas, Pamela K.; Douglas, David B.; Harrigan, Daniel C.; Douglas, Kathleen M.  **Source:** International Journal of Emergency Mental Health; 2009; vol. 11 (no. 3); p. 137-144  **Publication Date: 2009** | **2009** | **Abstract:** In November of 2005, President George W. Bush requested $7.1 billion dollars for a global influenza epidemic preparedness initiative (Brown, 2005). Preparation measures for a biological threat or influenza pandemic focus on rapid quarantine, vaccines, developing antiviral treatments, and economic concerns (Brown, 2005; Ferguson et ah, 2006; Reina, 2008). Although these public health measures are vital, they do not consider the acute mental health consequences that could develop during a pandemic and its aftermath. The most recent H1N1 swine flu has now spread to more than 70 countries (CDC, June 2009), and as of June 11, 2009, is considered a Phase 6 pandemic by the World Health Organization, indicative of ongoing community level outbreaks in multiple parts of the globe. Following recent cases of swine flu, global concern of an influenza pandemic has risen, and it is critical that metal health considerations become an integrated part of the pandemic response. Here, potential mental health consequences and high risk populations are identified and reviewed. Mental health professionals, communities, businesses, and organizations can create an infrastructure to help mitigate mental health consequences. These issues, as well as familial stressors and coping methods, are reviewed. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract) |
| 2 | Article | **Mental health needs in a post-disaster environment**  **Author(s):** Milligan, Gary; McGuinness, Teena M.  **Source:** Journal of Psychosocial Nursing and Mental Health Services; Sep 2009; vol. 47 (no. 9); p. 23-30  **Publication Date: Sep 2009**  **Available at:** [Journal of psychosocial nursing and mental health services](http://gateway.proquest.com/openurl?ctx_ver=Z39.88-2004&res_id=xri:pqm&req_dat=xri:pqil:pq_clntid=168805&rft_val_fmt=ori/fmt:kev:mtx:journal&genre=article&issn=0279-3695&volume=47&issue=9&spage=23) - from ProQuest (Health Research Premium) - NHS Version | **Sep**  **2009** | **Abstract:** Maintenance of a daily routine, which includes scheduled medications, access to a health care provider, and a stable environment, forms an anchor point in the lives of people diagnosed with mental illness. When a disaster, either man made or natural, interferes with these, patients often experience an acute exacerbation of their illness. Efforts to mitigate the ensuing disruption require a contingency plan in the event of a disaster; a plan ensuring access to medications, health information, and caregiver stability, allows those with mental illness to continue to function at an acceptable level. Recent world events, such as the Asian Tsunami in 2004 and Hurricane Katrina in 2005, indicate that minimal research exists regarding the magnitude of the effects of disasters on those with mental illness. A review of the literature indicates that the impact on survivors’ mental well-being is directly related to the level of exposure to a disaster. Mental health professionals must include crisis management, planning, and communication in pre- and post-disaster interventions with people who have mental illness. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract) |
| Children and young people | | | | |
| 1 | Article  Comment | **Mental health considerations for children quarantined because of COVID-19.**  **Author(s):** Liu, Jia Jia; Bao, Yanping; Huang, Xiaolin; Shi, Jie; Lu, Lin  **Source:** The Lancet. Child & adolescent health; May 2020; vol. 4 (no. 5); p. 347-349  **Publication Date:** May 2020  **Available at:** [The Lancet. Child & adolescent health](http://www.thelancet.com/article/S2352464220300961/pdf) - from Unpaywall | May  2020 |  |
| 1 | Article | **The effect of covid-19 on youth mental health**  **Author(s):** Liang, Leilei; Ren, Hui; Cao, Ruilin; Hu, Yueyang; Qin, Zeying; Li, Chuanen; Mei, Songli  **Source:** Psychiatric Quarterly; Apr 2020  **Publication Date:** Apr 2020  **Available at:** [The Psychiatric quarterly](https://link.springer.com/content/pdf/10.1007/s11126-020-09744-3.pdf) - from Unpaywall | April  2020 | **Abstract:** The purposes of this study was to assess the youth mental health after the coronavirus disease 19 (COVID-19) occurred in China two weeks later, and to investigate factors of mental health among youth groups. A cross-sectional study was conducted two weeks after the occurrence of COVID-19 in China. A total of 584 youth enrolled in this study and completed the question about cognitive status of COVID-19, the General Health Questionnaire(GHQ-12), the PTSD Checklist-Civilian Version (PCL-C) and the Negative coping styles scale. Univariate analysis and univariate logistic regression were used to evaluate the effect of COVID-19 on youth mental health. The results of this cross-sectional study suggest that nearly 40.4% the sampled youth were found to be prone to psychological problems and 14.4% the sampled youth with Post-traumatic stress disorder (PTSD) symptoms. Univariate logistic regression revealed that youth mental health was significantly related to being less educated (OR = 8.71, 95%CI:1.97–38.43), being the enterprise employee (OR = 2.36, 95%CI:1.09–5.09), suffering from the PTSD symptom (OR = 1.05, 95%CI:1.03–1.07) and using negative coping styles (OR = 1.03, 95%CI:1.00–1.07). Results of this study suggest that nearly 40.4% of the youth group had a tendency to have psychological problems. Thus, this was a remarkable evidence that infectious diseases, such as COVID-19, may have an immense influence on youth mental health. Therefor, local governments should develop effective psychological interventions for youth groups, moreover, it is important to consider the educational level and occupation of the youth during the interventions. (PsycInfo Database Record (c) 2020 APA, all rights reserved) |
|  | Article  Comment | **Protecting the psychological health of children through effective communication about COVID-19.**  **Author(s):** Dalton, Louise; Rapa, Elizabeth; Stein, Alan  **Source:** The Lancet. Child & adolescent health; May 2020; vol. 4 (no. 5); p. 346-347  **Publication Date:** May 2020  **Available at:** [The Lancet Child and Adolescent Health](https://doi.org/10.1016/s2352-4642(20)30097-3) - from Unpaywall | May  2020 |  |

**All searching carried out: 4th- 5th May 2020**

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| **Databases: PsycINFO, Medline** | **Quick search strategies run through all the following databases (keywords only): EMBASE, Medline, CINAHL, BNI, PsycINFO, EMCARE** | **Websites visited** |
| **Keywords and MeSH**  **“**COVID-19”  MENTAL HEALTH  PANDEMICS  MENTAL HEALTH SERVICES  CRISIS INTERVENTION  CRISIS INTERVENTION SERVICES  DISASTERS  RESILIENCE, PSYCHOLOGICAL  MENTAL DISORDERS  EVIDENCE BASED PRACTICE  COMMUNITY MENTAL HEALTH  “WELL BEING”  “systematic review\*”  Intervention\*  “post outbreak” | **“COVID-19” AND “Mental Health “AND Mitigation**  **“COVID-19” AND “mental Health” AND post\***  **“COVID-19” AND “mental Health” AND intervention\***  **“COVID-19” AND “mental Health” AND communit\***  **Pandemic AND “mental Health” AND “Systematic review\*”** | **NHS Evidence**  **NICE**  **Department of Health and Social Care**  **Public Health England**  **Royal College of Psychiatrists**  **Association of the Directors of Public Health (ADPH)**  **Centre for Mental Health**  **Organisation for Economic Cooperation and Development (OECD)**  **World Health Organisation** |

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